

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

PRINTED: 11/10/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2011
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 606 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220
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F 000	<p>INITIAL COMMENTS</p> <p>AMENDED</p> <p>An abbreviated/partial extended survey (KY # 17216) was conducted on 10/10/11 through 10/20/11. The allegation was substantiated with deficiencies cited. Immediate Jeopardy was identified on 10/15/11 and was determined to exist on 09/18/11 at 42 CFR 483.25 Quality of Care (F329) and 42 CFR 483.75 Administration (F490 and F520) at a scope and severity of a "K". Substandard Quality of Care was identified at 42 CFR 483.25 Quality of Care (F329).</p> <p>The facility failed to have an effective system to ensure residents on Coumadin therapy received laboratory monitoring per the physician's order. Resident #18 received 8.0 milligrams (mg) of Coumadin (anticoagulant/blood thinner) every day. A Prothrombin (PT) and International Normalized Ratio (INR) (tests used to make necessary medication adjustments in Coumadin dosage to keep blood levels within the therapeutic range) was completed at the facility on 08/18/11 with results of a PT of 27.2 seconds and an INR of 2.5 (normal range PT 12.3-14.1 seconds and INR 2.0-3.5). Resident #18's physician ordered a repeat PT/INR be completed in one month (approximately 09/18/11). However, the PT/INR was not obtained until 10/11/11, twenty-three days late, with results of a PT of 56.2 seconds and an INR of 6.5. The physician was notified and the resident's Coumadin was held for three days and restarted at a decreased dose of 6.0 mg per day. The facility's failure to ensure laboratory monitoring for Coumadin therapy was completed timely affected eight of nine residents receiving Coumadin at the facility.</p>	F 000	<p>"Hearthstone Place is a facility dedicated to her residents. This plan of correction has been completed and submitted in accordance with State and Federal Regulations, not as an admission of non-compliance, guilt or wrongdoing in anyway; it is being submitted because it is required by law. Furthermore, this plan of correction is not an admission or agreement by Hearthstone Place of the allegations, statements, findings, facts or conclusions that are comprised alleged deficiencies and/or in the entire CMS-2567."</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathleen C Evans</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/20/11</i>
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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	F 000		
F 329 SS=K	<p>An acceptable Allegation of Compliance (AoC) was received on 10/19/11. Immediate Jeopardy was verified removed on 10/18/11, as alleged in the AoC, which lowered the scope and severity to an "E" while the facility monitors the effectiveness of the systemic changes and quality assurance activities.</p> <p>483.26(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 329	<p>F 329 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>What corrective action will be accomplished for those residents found to have been affected?</p> <ul style="list-style-type: none"> On 10/17/2011, an Administrative Nurse conducted a chart lab audit on current residents receiving Coumadin, including residents #6, #8, #13, #14, #15, #16, #17, and #18, to determine PT/INR lab tests are current and completed in a timely basis per Physician Orders. On 11/17/2011, a Corporate Officer conducted a chart review of resident #6, #8, #13, #14, #15, #16, #17, and #18 and determined that PT/INR is current, correct Coumadin dose is on Medication Administration Record, and next PT/INR is scheduled in accordance with physician order. <p>How the facility will identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> All residents receiving Coumadin therapy have the potential to be effected. On the weeks of 10/24/2011, 10/31/2011, 11/7/2011 and 11/14/2011, an Administrative Nurse completed a chart lab audit on residents with PT/INR lab orders to determine PT/INRs were current and completed in a timely basis per Physician Orders. <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> On 10/12/2011, Corporate Compliance Director, RN in-serviced Administrator and Director of Nursing on Lab Audit completion, corrective action, and scheduling. On 10/16/2011, Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy were revised and PT/INR and UTT logs were developed, by 	

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F 329	<p>Continued From page 2</p> <p>by: Based on interview, record review, review of and the 2011 Lippincott, Williams and Wilkins Nursing Drug Handbook, and facility policy and procedures review it was determined the facility failed to have an effective system in place to ensure residents on Coumadin (anticoagulant/blood thinner) therapy received laboratory testing, to ensure monitoring of therapeutic levels and appropriate dosage of Coumadin was maintained. This failure affected eight (Residents #6, #8, #13, #14, #15, #16, #17 and #18) of nine residents on Coumadin therapy, in the selected sample of nineteen residents. The facility failed to ensure Prothrombin (PT) and International Normalized Ratio (INR) (tests used to make necessary medication adjustments in Coumadin dosage to keep blood levels within the therapeutic range) were scheduled and obtained per the physician's order. The facility's failure to obtain the PT/INR levels timely caused residents to have either high or low PT/INR levels which placed the residents at risk for increased bleeding or blood clotting.</p> <p>Resident #18 received 8.0 milligrams (mg) of Coumadin every day. A PT/INR was completed at the facility on 08/18/11 with results of a PT of 27.2 seconds and an INR of 2.5 (normal range PT 12.3-14.1 seconds and INR 2.0-3.5). Resident #18's physician ordered a repeat PT/INR be completed in one month (due on 09/18/11). However, the PT/INR was not obtained until 10/11/11, twenty-three days late, with high results of a PT of 56.2 seconds and an INR of 6.5. Resident #18's Coumadin was held for three days and restarted at a decreased dose of 6.0 mg per day.</p>	F 329	<p>the Corporate Compliance Director, RN to add clarification of employee responsibilities to establish a consistent system for obtaining a laboratory test order, transcription of that order, and overall tracking of the laboratory process.</p> <ul style="list-style-type: none"> On 10/16/2011, CQI Tool N-20 "Laboratory Monitoring and Follow Up" was revised and implemented by Corporate Compliance Director, RN. On 10/16/2011, CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" was developed by Corporate Compliance Director. Administrator completed N-20 "Laboratory Monitoring and Follow Up" on 10/17/2011 on residents with orders for PT/INR laboratory tests to monitor Coumadin therapy. On 10/17/2011, Administrator, Corporate Compliance Director, Director of Nursing and Medical Director met to discuss new and revised policies from 10/16/2011, auditing, QA action plans, and staff training needs to involve Medical Director with the establishment of an effective system to monitor Coumadin therapy and complete PT/INR laboratory testing in a timely basis per physician's orders. On 10/17/2011, the Director of Nursing was in-serviced on the revised Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy, and Pharmacy Recommendation Policy were revised and PT/INR and PTT logs by the Corporate Compliance Director, RN. On 10/17/2011, revised Lab Tracking forms and PT/INR and PTT logs were implemented. Prior to implementation, Corporate Compliance Director, RN in-serviced the Ward Clerk on how to complete and track laboratory results using the forms as assigned. On 10/17/2011, Director of Nursing in-serviced Charge Nurses regarding Lab Policy, lab test protocol, Lab Tracking Policy, lab tracking forms, Physician Orders Policy, and PT/INR and PTT Log forms. 		

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F 329	<p>Continued From page 3</p> <p>Residents #6, #8, #13, #14, #15, #16, and #17 PT/INR levels were not obtained timely based on the physician's order. The residents' PT/INR levels were low when obtained, requiring an increase in Coumadin dosage.</p> <p>The facility's failure to ensure adequate monitoring of Coumadin levels, caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was determined to exist on 09/18/11.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 10/19/11. Immediate Jeopardy was verified removed on 10/18/11, as alleged in the AoC, prior to exit.</p> <p>The findings include:</p> <p>A review of the 2011 Lippincott, Williams and Wilkins Nursing Drug Handbook revealed a black box warning that "Coumadin can cause major or fatal bleeding which is more likely to occur during the starting period and with a higher dose. Regularly monitor INR in all patients."</p> <p>A review of the facility's Lab Policy, dated 06/25/09, revealed upon the receipt of a lab order from the physician, the lab order should be transferred to the lab book at the nurse's station and the order should be faxed to pharmacy.</p> <p>An interview with the former ADON, on 10/13/11 at 2:35 PM, revealed she was employed at the facility from 08/01/11 through 08/26/11. She stated she was in charge of the lab audits; however, she did not complete the audits for</p>	F 329	<ul style="list-style-type: none"> On 10/28/2011, Administrator and Quality Assurance Committee met with Medical Director reviewed Unusual Occurrence Reports, including those for lab and medication errors, and plan of correction/interventions in place. On 11/3/2011, NF Lab Policy was revised, by the Corporate Compliance Director, RN, to add clarification regarding the tracking of the laboratory process to combine former Lab Policy and Lab Tracking Policy. On 11/7/2011, Corporate Compliance Director, RN completed an in-service with Charge Nurses and Ward Clerk on revised NF Lab Policy. On 11/11/11, Corporate Compliance Director, RN in-serviced on NF Lab Policy during the monthly staff meeting. CQI Tool N-20 "Laboratory Monitoring and Follow Up" was completed by Director of Nursing on 10/24/2011, 10/31/2011, 11/7/2011 and 11/14/2011. On 11/14/2011, a new staff position was created for a Lab Nurse, RN who would be responsible for ensuring PT/INR laboratory test are completed as scheduled, tracked according to policy, responded to in a timely manner, and audited per schedule. The Lab Nurse, RN began orientation with Corporate Compliance Director, RN on 11/14/2011 and work under the supervision of Director of Nursing and Corporate Compliance, RN until orientation is complete. Corporate Compliance Director, RN completed CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" on 10/17/2011 and 11/17/2011. On 11/18/2011, Lab Policy was added to the new hire information pack by Administrator for Licensed Nurses to provide responsible staff with education on the facility policy prior to orientation. On 11/19/2011, Administrator contracted with a Nursing Consultant Company to assist in providing continuous quality improvement, 	
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F 329	<p>Continued From page 4</p> <p>August 2011. Per interview, part of the audit process was to also schedule the laboratory tests for the upcoming month. Therefore, when the audit was not completed for August 2011, the labs were not scheduled for September 2011.</p> <p>An interview with the Director of Nursing (DON), on 10/15/11 at 10:00 AM, revealed it was the licensed Nurse's responsibility to transfer telephone/fax and admission orders to the lab book to ensure labs were drawn. Further interview revealed it was the Assistant Director of Nurse's (ADON) responsibility to conduct laboratory audits at the end of every month to ensure all scheduled routine labs were completed. He stated the ADON resigned at the end of August 2011, and the lab audit was not completed. He confirmed he should have completed the audit after the ADON resigned. Additionally, he revealed he was not aware a part of completing the audit was to schedule the next month's labs. The failure to complete the August 2011 audit, which included the scheduling of routine PT/INR labs for September 2011, resulted in missed Coumadin levels in August and September 2011.</p> <p>An interview with the Administrator, on 10/15/11 at 11:30 AM, revealed it was the licensed nurses' responsibility to transfer telephone/fax and admission orders to the lab book to ensure labs were drawn. Further interview revealed the monthly lab audit should be conducted by the DON in the ADON's absence. She stated she was aware the August and September 2011 lab audits were not completed; however, she was not aware one of the purposes of the lab audit was to schedule the routine labs for the next month.</p>	F 329	<p>training facility nursing staff, maintain the highest practicable physical, mental, and psychosocial well-being of facility residents, improve QA Committee functions, and monitor nursing staff compliance with State and Federal Regulations and facility policies and procedures.</p> <ul style="list-style-type: none"> On 11/21/2011, Administrator will review revised policies, forms and plan of correction with Medical Director and other Quality Assurance Committee members during November QA Meeting. On 11/22/2011, Charge Nurses and Medication Nurses will be in-serviced by Director of Nursing to provide continuing education on Administering Medications Policy, NP Lab Policy, Physician Orders Policy, Pharmacy Recommendations Policy and repercussions of significant medication errors due to not following "Five Rights of Medication Administration". <p>How does the facility plan to monitor its performance to ensure that solutions are sustained?</p> <ul style="list-style-type: none"> The Director of Nursing will complete CQI Tool N-20 "Laboratory Monitoring and Follow Up" twice monthly for 30 days, then monthly thereafter to establish PT/INR lab tests are current and completed in a timely basis per Physician's Orders. Corporate Compliance Director, RN will complete CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" monthly to establish N -20 was completed as scheduled. Director of Nursing will present observations to Quality Assurance meeting with Medical Director. <p style="text-align: right;">Compliance Date</p>	11/29/2011
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F 329	<p>Continued From page 5</p> <p>1. A record review revealed Resident #18 was admitted to the facility on 08/10/11 with diagnoses of Cerebral Vascular Accident (CVA) and Peripheral Vascular Disease (PVD).</p> <p>A review of the physician's order, dated 08/10/11, revealed the resident was to receive Coumadin 8 milligrams (mg) by mouth (po) every day (qd), and a PT/INR was ordered for 08/13/11.</p> <p>A review of a laboratory report, dated 08/18/11, revealed the resident's PT was 27.2 seconds (normal: 12.3 - 14.1) and the INR was 2.5 (normal: 2.0-3.5). The physician documented on the lab report not to change the Coumadin dose, but to repeat the PT/INR in one month (due on 09/18/11).</p> <p>Further review of the Laboratory Book and Resident #18's record revealed the facility did not obtain the PT/INR until 10/11/11, twenty-three (23) days late. The 10/11/11 results revealed a PT of 56.2 seconds (normal 12.3-14.1) and the INR was 6.5 (normal: 2.0-3.5) and indicated these were critical levels. The physician was notified and orders were received to withhold the Coumadin for three days and restart the Coumadin at a decreased dose of 6 mg qd.</p> <p>2. A record review revealed Resident #14 was admitted to the facility on 01/10/01 with diagnoses to include Cerebral Vascular Accident with Hemiplegia, Dementia and Chronic Obstructive Pulmonary Disease.</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive</p>	F 329			

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F 329	<p>Continued From page 6</p> <p>Coumadin 3 mg po qd. A PT/INR was ordered monthly.</p> <p>A review of the laboratory report, dated 07/28/11, revealed the resident's PT was 27.4 seconds (normal: 12.3 - 14.1) and the INR was 2.6 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to not change the Coumadin dose and to check the INR monthly.</p> <p>A review of the Laboratory Book and Resident #14's record revealed the facility did not obtain the monthly PT/INR on 08/28/11. The lab was drawn on 09/30/11, thirty-three (33) days late, with a PT of 14.2 and an INR of 1.1, which indicated the INR was low. The physician ordered to increase the Coumadin dose from 3 mg po to 4 mg po qd.</p> <p>3. A record review revealed Resident #15 was admitted to the facility on 10/27/06 with diagnoses to include Cerebral Vascular Accident with Hemiplegia, Schizophrenia and Mental Retardation.</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive Coumadin 5 mg po qd. A PT/INR was ordered monthly and as needed (prn).</p> <p>A review of the laboratory report, dated 07/06/11, revealed the resident's PT was 14.6 seconds (normal: 12.3 - 14.1) and the INR was 3.1 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to not the change the Coumadin dose.</p>	F 329			

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F 329	<p>Continued From page 7</p> <p>A review of the Laboratory Book and Resident #15's record revealed the facility did not obtain the monthly PT/INR on 08/06/11. The lab was drawn on 09/19/11, forty-four (44) days late, with a PT of 19.7 and an INR of 1.7, which indicated the INR was low. Further review of the lab report revealed the physician documented to increase the Coumadin dose from 5 mg to 6.5 mg po qd.</p> <p>An interview with the physician, for Residents #14, #15 and #16, on 10/14/11 at 1:10 PM, revealed he expected the PT/INRs to be drawn in accordance with physician's orders, because the Coumadin dose was based on the results of the PT/INR. He was not aware labs were missed in August and September.</p> <p>4. A record review revealed Resident #6 was admitted to the facility on 04/26/11 with diagnoses to include Bilateral Above Knee Amputee, Anxiety, Cerebral Vascular Accident, Congestive Heart Failure, Chronic Pain and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive Coumadin 3.5 mg po qd. A PT/INR was ordered monthly and prn.</p> <p>A review of a laboratory report, dated 07/11/11, revealed the resident's PT was 34.6 seconds (normal: 12.3 - 14.1) and the INR was 3.2 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to increase the Coumadin dose to alternating 3 mg and 3.5 mg po every other day (qod), and to repeat the PT/INR in three days on 07/14/11.</p>	F 329			

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F 329	<p>Continued From page 8</p> <p>A review of a Laboratory Book and Resident #6's record revealed the facility failed to obtain the PT/INR until 10/11/11, eighty-nine (89) days late. The 10/11/11 results revealed a PT of 20.7 seconds and the INR was 1.8, which were low levels. The physician was notified and an order was given to increase Coumadln to 3.5 mg po qd.</p> <p>5. A record review revealed Resident #13 was admitted to the facility on 07/15/11 with diagnoses to include History of Gastrointestinal Bleed, Peripheral Neuropathy, Hypertension, Cerebral Vascular Accident and Deep Venous Thrombosis.</p> <p>A review of the physician's orders, dated September 2011, revealed the resident was to receive Coumadin 2 mg po qd. A PT/INR was ordered weekly.</p> <p>A review of the laboratory report, dated 09/07/11, revealed the resident's PT was 34.5 seconds (normal 12.3 - 14.1) and the INR was 3.5 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to decrease the Coumadin from 2 mg to 1 mg po qd and to recheck the PT/INR on Monday, 09/12/11.</p> <p>A review of the Laboratory Book and Resident #13's record revealed the facility did not obtain the PT/INR on 09/12/11, or weekly on 09/19/11 and 09/26/11. The PT/INR was obtained 09/29/11 during a hospitalization, with the PT at 17.4 (normal: 12.3 - 14.1) and the INR at 1.58 (normal: 2.0-3.5).</p> <p>An interview with the Advanced Registered Nurse Practitioner, for Residents #6 and #13, on</p>	F 329			

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220	
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F 329	<p>Continued From page 9</p> <p>10/11/11 at 4:06 PM, revealed the Coumadin dosage was based on the results of the PT/INR.</p> <p>6. A record review revealed Resident #8 was admitted to the facility on 11/25/09 with diagnoses to include Osteoarthritis, Depression, Weakness and Hypertension.</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive Coumadin 5 mg po on Monday, Tuesday, Wednesday, and Thursday, and 6 mg on Friday, Saturday, and Sunday. A PT/INR was ordered monthly.</p> <p>A review of a laboratory report, dated 07/14/11, revealed the resident's PT was 31.7 seconds (normal 12.3 - 14.1) and the INR was 2.9 (normal: 2.0-3.5). The physician documented no change to the Coumadin dose.</p> <p>A review of the Laboratory Book and Resident #8's record revealed the facility did not obtain the monthly PT/INR for August and September 2011. The next PT/INR was drawn at the local hospital, on 09/24/11, during an Emergency Room evaluation. The resident's PT was 21.1 and the INR was 2.04, which were low levels.</p> <p>7. A record review revealed Resident #16 was admitted to the facility on 01/15/10 with diagnoses to include Failure to Thrive, Malnutrition, Venous Thrombosis, Pulmonary Embolism and Peripheral Vascular Disease.</p> <p>A review of the physician's orders, dated September 2011, revealed the resident was to receive Coumadin 5 mg po qd. A PT/INR was</p>	F 329		

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F 329	<p>Continued From page 10 ordered monthly and prn.</p> <p>A review of the laboratory report, dated 09/28/11, revealed the resident's PT was 28.3 (normal: 12.3 - 14.1) and the INR was 2.7 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to not change the Coumadin dose and repeat the lab in one week, on 10/05/11.</p> <p>A review of the Laboratory Book and Resident #16's record revealed the facility did not obtain the PT/INR ordered for 10/05/11. The lab was drawn on 10/12/11, seven (7) days late, with results of the PT of 14.1 and an INR of 1.1, which indicated the INR was low. The physician documented to increase Coumadin from 5 mg to 7 mg po qd.</p> <p>8. A record review revealed Resident #17 was admitted to the facility on 04/06/07 with diagnoses to include Diabetes Mellitus, Dementia, Venous Thrombosis, Seizure Disorder and Congestive Heart Failure.</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive Coumadin 8 mg po every Monday, Tuesday, Thursday, Friday, and 10 mg po on Sunday and Wednesday. A PT/INR was ordered monthly.</p> <p>A review of the laboratory report, dated 07/01/11, revealed the resident's PT was 19.3 seconds (normal: 12.3 - 14.1) and the INR was 1.6 (normal: 2.0-3.5). Further review of the lab report revealed the physician documented to not change the Coumadin dose. The facility did not obtain the next monthly PT/INR until 08/26/11.</p>	F 329			

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F 329	<p>Continued From page 11</p> <p>twenty-five (25) days late. Results revealed a PT of 14.1 and an INR of 1.1, which indicated the INR was low. Further review of the lab report revealed the physician documented to increase the Coumadin dose to 10 mg po qd and to check the PT/INR in one week, on 09/03/11. The facility did not obtain the PT/INR until 10/07/11, thirty-four (34) days late, with results of a PT of 14.6 and an INR of 1.1.</p> <p>An interview with the physician, for Residents #8, #16 and #17, on 10/11/11 at 4:27 PM, revealed the PT/INR had the potential to decrease and increase, thus creating a possibility the Coumadin dose would change.</p> <p>An acceptable Allegation of Compliance was received on 10/19/11 and detailed the following:</p> <p>On 10/10/11, the facility conducted a lab audit and identified the facility had failed to schedule and obtain Resident #13's, #8's, #18's, #15's, #17's, #16's, #14's and #6's PT/INR tests. The PT/INR for each resident was obtained immediately and physicians' were notified of the results.</p> <p>A chart lab audit was conducted on 10/17/11 on all current residents receiving Anticoagulants to ensure PT/INR lab tests were current and completed per physician's orders.</p> <p>The lab policy was revised on 10/16/11, to add clarification of employee responsibilities to ensure a consistent system for obtaining a laboratory test order to transcription and overall tracking of the laboratory process.</p>	F 329			

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F 329	<p>Continued From page 12</p> <p>On 10/17/11, the DON was inserviced on the revised facility Lab Policy by the Corporate Compliance Director. On 10/17/11, Licensed Nurses were inserviced by the DON or designee on the revised lab policy.</p> <p>On 10/16/11 a CQI tool, Laboratory Monitoring and Follow Up was revised and implemented. On 10/17/11, the Laboratory Monitoring and Follow Up was completed by the Administrator. The DON or designee will complete the Laboratory Monitoring and Follow Up weekly for four weeks, twice monthly for one month, then monthly thereafter.</p> <p>Verification of the removal of Immediate Jeopardy was completed as follows:</p> <p>A review of Resident #6, #8, #13, #14, #15, #16, #17, and #18, revealed PT/INR tests were obtained immediately and physician's were notified of the results. An audit was completed on 10/17/11 on all current residents receiving anticoagulants. A review of the Lab Book revealed PT/INRs were scheduled for residents on anticoagulation therapy.</p> <p>A review of the chart lab audit, completed on 10/17/11, revealed all current residents receiving anticoagulants were reviewed to ensure PT/INR tests were current and completed per physician's orders.</p> <p>A review of the lab tracking policy revised on 10/16/11, revealed instructions for scheduling labs, follow-up with labs, and lab tracking. The policy stated the ADON or designees would monitor to ensure lab draws and results were</p>	F 329		

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F 329	<p>Continued From page 13</p> <p>received and followed up appropriately, and any issues would be addressed promptly.</p> <p>A review of the inservice records revealed the DON was inserviced on 10/17/11 by the Corporate Compliance Director regarding the revised facility Lab Policy. Licensed Nurses were inserviced 10/17/11 regarding the revised lab policy, laboratory test protocol, physician order policy, PT/INR log, and pharmacy recommendations/medication regimen review policy.</p> <p>An interview with the Director of Nursing, on 10/20/11 at 11:50 AM, revealed he received inservicing from the Administrator and Corporate Consultant Director regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab results.</p> <p>Interviews with two Licensed Practical Nurses, on 10/20/11 at 11:20 AM and 11:30 AM, revealed they received inservicing regarding the revised lab policy and the laboratory test protocol.</p> <p>An interview with the Administrator, on 10/20/11 at approximately 12:00 PM, revealed she was inserviced on the lab protocol. She was re-educated regarding her duties to ensure lab audits were completed in a timely manner.</p> <p>A review of records revealed a CQI tool, N-20, was revised on 10/16/11. The N-20 CQI tool was completed by the Administrator on 10/17/11, to ensure laboratory orders were completed as per physician's orders. The first weekly N-20 CQI tool was not due as of 10/20/11.</p>	F 329			

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F 333 SS=D	<p>Based on the above interviews and record reviews, it was determined the Immediate Jeopardy was removed, effective 10/18/11, as alleged in the AoC with the scope and severity lowered to a "E" based on the need of the facility to continue to evaluate the implementation of changes and quality assurance activities.</p> <p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of facility policy/procedure, and review of Lippincott, Williams, and Wilkins Nursing Drug Handbook, it was determined the facility failed to ensure two residents (Residents #1 and #2), in the selected sample of nineteen residents, were free from significant medication errors.</p> <p>Resident #1 was re-admitted to the facility on 09/18/11 with orders to continue medication which included Metoprolol 50 milligrams (mg) twice daily (BID) for Hypertension (HTN), Hydrochlorothiazide 25 mg daily for HTN, and Diovan 80 mg daily for HTN. Record review revealed Resident #1 did not receive these hypertensive medications for thirteen consecutive days, 09/18/11 through 09/30/11.</p> <p>Resident #2 was re-admitted to the facility on 09/30/11 with new orders for Norvasc for hypertension, Bactrim DS, an antibiotic to treat</p>	F 333	<p><i>F 333 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</i></p> <p>What corrective action will be accomplished for those residents found to have been affected?</p> <ul style="list-style-type: none"> To determine Medication Administration Records for resident #1 and #2 are consistent with physician orders upon readmission to the facility and discharge from the hospital, Director of Nursing completed a chart review for Resident #1, on 10/5/2011, and #2, on 10/4/2011 and initiated Med Error Report per policy to include Responsible Party notification, Attending Physician notification and receiving new orders as indicated. <p>How the facility will identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> All residents who discharge and are readmitted to the facility have potential to be affected. On 10/31/2011, Corporate Compliance Director, RN completed an audit of current residents' physician's orders and Medication Administration Records to verify accuracy compared to previous months telephone orders and readmission. <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> On 10/17/2011, Administrator, Corporate Compliance Director, Director of Nursing and Medical Director met to discuss new and revised policies from 10/16/2011, auditing, QA action plans, and staff training needs to involve Medical Director with the establishment of an effective system to monitor Coumadin therapy and complete PT/INR laboratory testing in a timely basis per physician's orders. 	

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F 333	<p>Continued From page 15</p> <p>the resident's Methicillin Resistant Staphylococcus Aureus (MRSA) respiratory infection; and an Albuterol/Atrovent Nebulizer Inhaler for Cardiopulmonary Disease (COPD). Record review revealed the resident did not receive these medications for five consecutive days, 09/30/11 through 10/04/11.</p> <p>The findings include:</p> <p>A review of the facility's policy, "Checking Physician's Orders," dated 07/09, revealed, "Physician's orders will be checked and verified for accuracy. This will decrease the facility's chance for making errors. The third shift nurse is responsible for reviewing the physician's orders written each day and for making sure that the orders were transcribed correctly. Check to see that the order was transcribed on MAR, TAR, Insulin book, appointment book, lab book/NPO sheet correctly."</p> <p>1. A review of the 2011 Lippincott, Williams and Wilkins Nursing Drug Handbook revealed a black box warning for Metoprolol which stated, "When stopping therapy, taper dosage over one to two weeks. Abrupt discontinuation may cause exacerbation of angina or myocardial infarction. Do not discontinue therapy abruptly even in patients treated only for Hypertension."</p> <p>A review of the 2011 Lippincott, Williams and Wilkins Nursing Drug Handbook revealed for Thiazides action, "Thiazide and thiazide-like diuretics exert an anti-hypertensive effect."</p> <p>A record review revealed Resident #1 was admitted to the facility on 11/05/08 with diagnoses</p>	F 333	<ul style="list-style-type: none"> On 10/28/2011, Administrator and Quality Assurance Committee met with Medical Director reviewed Unusual Occurrence Reports, including those for lab and medication errors, and plan of correction/interventions in place. On 11/4/2011, Administering Medications Policy was revised to address removal of Medication Administration Records upon resident transfer/discharge from the facility and initiating new Medication Administration Records upon readmission. On 11/8/2011, under the supervision of the Director of Nursing, Medication Nurses and Certified Medication Technicians were in-serviced on Administering Medications Policy, return demonstration was observed, and observations were used to complete CQI Tool N-16 "Review of Medication Pass". On 11/10/2011, CQI Tool N-29 "New Admission & Hospital Returns Review" was written and implemented by Administrator and completed by MDS Coordinator, on 11/11/2011, to determine accuracy of physician's orders and medication administration records upon admission and readmission to the facility. On 11/11/2011, during the monthly staff meeting, Medication Nurses and Certified Medication Technicians were in-serviced by Corporate Compliance Director, RN on medication errors and by Director of Nursing on clarifying physician orders. On the weeks of 10/17/2011, 10/24/2011, 10/31/2011, 11/7/2011, and 11/14/2011, an Administrative Nurse completed a lab audit to determine PT/INR lab tests are current and completed in a time basis per Physician's Order.. On 11/15/2011, Administering Medications Policy was revised by Administrator to include obtaining clarification of physician orders. On 11/15/2011, Director of Nursing completed CQI Tool N-16 "Review of Medication Pass" 	

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F 333	<p>Continued From page 16 to include Hypertension (HTN).</p> <p>A review of the admission orders, dated 09/18/11, revealed Resident #1 was re-admitted to the facility from an acute care hospital with orders to continue medications, including but not limited to, Metoprolol 50 milligrams (mg) twice daily (BID) for HTN, Hydrochlorothiazide 25 mg daily for HTN, and Diovan 80 mg daily for HTN.</p> <p>A review of the MAR, dated September 2011, revealed no evidence these medications were administered from 09/18/11 through 09/30/11.</p> <p>A review of the Medication Error Report, created by the Director of Nursing (DON), dated 10/05/11, revealed all medications on the MAR were not administered due to the MAR being upside down in the MAR book.</p> <p>An interview with LPN #3 and Registered Nurse (RN) #1, on 10/12/11 at 11:15 AM and 3:29 PM, respectively, revealed, prior to the medication error incident, MARs were "flipped" [turned upside down] when a resident was admitted to the hospital.</p> <p>An interview with Certified Medication Technician (CMT) #1, on 10/12/11 at 11:06 AM, revealed it was the Charge Nurse's responsibility to verify the resident's physician orders on the MAR after a resident was re-admitted to the facility. She did not administer medications to residents when the MAR was "flipped" [turned upside down] in the MAR book.</p> <p>An interview with Licensed Practical Nurse (LPN) Charge Nurse #3, on 10/12/11 at 11:45 AM,</p>	F 333	<p>to establish medications are administered per policy.</p> <ul style="list-style-type: none"> On 11/18/2011, Certified Medication Technicians were in-serviced on repercussions of significant medication errors as a result of not following "Five Rights of Administering Medications". On 11/18/2011, Administering Medications Policy was added to the new hire information pack for Licensed Nurses and Certified Medication Technicians to establish responsible staff are educated on facility policy. On 11/19/2011, Administrator contracted with a Nursing Consultant Company to assist in providing continuous quality improvement, training facility nursing staff, maintain the highest practicable physical, mental, and psychosocial well-being of facility residents, improve QA Committee functions, and monitor nursing staff compliance with State and Federal Regulations and facility policies and procedures. On 11/21/2011, Administrator will review revised policies, forms and plan of correction with Medical Director and other Quality Assurance Committee members during November QA Meeting. On 11/22/2011, Charge Nurses and Medication Nurses will be in-serviced by Director of Nursing to provide continuing education on Administering Medications Policy, NF Lab Policy, Physician Orders Policy, Pharmacy Recommendations Policy and repercussions of significant medication errors due to not following "Five Rights of Medication Administration". <p>How does the facility plan to monitor its performance to ensure that solutions are sustained?</p> <ul style="list-style-type: none"> CQI Tool N-16 "Review of Medication Pass" will be completed for the remainder of four weeks, monthly for three months and then per CQI schedule under the supervision of the Director of Nursing. 	
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F 333	<p>Continued From page 17</p> <p>revealed residents received new Physician's orders and MARs when re-admitted to the facility. She was unable to recall specifics when re-admitting Resident #1, whether the MAR was "flipped" [turned right side up] at that time, or whether new MARs were completed.</p> <p>An interview with LPN #2, on 10/12/11 at 8:11 AM, revealed it was the Charge Nurse's responsibility to "flip" the MARs [turned right side up] after a resident was re-admitted to the facility. The nurse who admitted the resident had to compare existing MARs to Physician's orders and at that time, the MARs would be "flipped" [turned right side up]. The night nurse would then put a carbon copy of the new Physician's orders into the Assistant Director of Nursing's (ADON) box, who would then do a third check to verify new orders.</p> <p>An interview with the Director of Nursing (DON), on 10/10/11 at 1:55 PM, revealed an investigation was initiated after the discovery of the failure to administer medications to Resident #1. He received conflicting stories from the staff; therefore, he completed a medication error report from the day Resident #1 was re-admitted on 09/18/11 through 09/30/11.</p> <p>An interview with Resident #1's physician, on 10/15/11 at 10:43 AM, revealed, the resident's blood pressure was stable; however, there was potential for his/her blood pressure to increase due to the staff not administering scheduled blood pressure medicine.</p> <p>2. A review of the 2011 Lippincott, Williams and Wilkins Nursing Drug Handbook, revealed a</p>	F 333	<ul style="list-style-type: none"> • CQI Tool N-29 "New Admission & Hospital Returns Review will be completed monthly for three months and then per CQI schedule under the supervision of the Director of Nursing. • Director of Nursing will present observations to Quality Assurance meeting with Medical Director. <p style="text-align: right;">Compliance Date</p>	11/29/2011

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 806 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220		
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F 333	<p>Continued From page 18</p> <p>Norvasc caution, "Elderly patients have an increased risk of adverse reactions; use cautiously."</p> <p>A review of the 2011 Lippincott, Williams and Wilkins Drug Handbook revealed a Bactrim patient teaching, "Tell patient to take drug as prescribed, even if he feels better."</p> <p>A review of the 2011 Lippincott, Williams and Wilkins Drug Handbook for Atrovent Inhaler revealed the indications were for maintenance treatment of bronchospasm associated with Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A record review revealed Resident #2 was admitted to the facility on 05/02/11, with diagnoses to include Arthritis, Congestive Heart Failure, Atrial Fibrillation, COPD, and HTN. Per record review, Resident #2 was transferred to the Emergency Room on 09/22/11 with symptoms of chest pain, shortness of air, and decreased oxygen saturation levels.</p> <p>Resident #2 was readmitted to the facility on 09/30/11 with orders to continue current medications, with the addition of Norvasc 5 mg daily for HTN, Bactrim DS 1 tablet twice daily for 5 days (antibiotic) for treatment of a Methicillin Resistant Staphylococcus Aureus (MRSA) respiratory infection, and Albuterol/Atrovent Nebulizer Inhaler three times daily (TID) for Chronic Obstructive Pulmonary Disease.</p> <p>A review of Resident #2's September and October 2011 MAR, revealed no evidence Resident #2 received the Norvasc, Bactrim DS, and the Albuterol/Atrovent Nebulizer Inhaler, as</p>	F 333			

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F 333	<p>Continued From page 19 ordered, from 09/30/11 through 10/04/11.</p> <p>A review of the facility's Medication Error Report, dated 10/04/11, revealed the DON was made aware the medications were not transcribed to the MAR after Resident #2 was re-admitted to the facility.</p> <p>An interview with RN #1, on 10/12/11 at 3:29 PM, revealed she was the nurse who was responsible for the re-admission of Resident #2. She received Physician's orders and completed Resident #2's assessment toward the end of the shift. She gave report to the night shift nurse and requested the night shift nurse complete the new MARs. She stated the night shift nurse did not transcribe the new orders to a new MAR, thus the resident did not receive the medications that differed from the old MAR.</p> <p>An interview with LPN Charge Nurse #2, on 10/13/11 at 2:08 PM, revealed her duties as a night shift nurse included helping the day shift staff with uncompleted paperwork when a resident was admitted/re-admitted to the facility. She was unable to recall the night Resident #2 was re-admitted to the facility. She stated her job was to complete assessments for the day shift staff if not already completed, while day shift was to complete MARs and Physician's orders.</p> <p>An interview with the DON, on 10/15/11 at 9:45 AM, revealed he expected the Charge Nurse who admitted a resident to compare old and new Physician's orders and to transcribe a new MAR every time a resident was re-admitted to the facility. He stated he initiated an immediate check on all orders after discovery of this error. It was</p>	F 333		
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F 333	Continued From page 20 required that a second licensed nurse completed a second check on all Physician's orders and verify the accuracy of the transcription and proper placement of the order. He expected night shift to complete the third check of all Physician's orders for accuracy. An interview with Resident #2's physician, on 10/11/11 at 4:27 PM, revealed not receiving the medication Norvasc had the potential to increase the resident's blood pressure. The delay in receiving the antibiotic Bactrim had potential to affect the healing of the infection. An interview with LPN #3 and Registered Nurse (RN) #1, on 10/12/11 at 11:15 AM and 3:29 PM, respectively, revealed a new policy was initiated in which old MARs were placed in the front of the resident's chart during hospitalization, and new MARs were completed upon re-admission. An interview with the DON, on 10/10/11 at 1:55 PM, revealed a new policy had been initiated in which the old MAR was to be stored in the resident's chart if the resident was transferred from the facility. A new MAR would be completed if the resident was re-admitted and the old MAR would then be given to the Medical Records department. He stated nurses were confused and did not know whether to create a new MAR or "flip" (turn right side up) and edit the current MAR when a resident was re-admitted to the facility.	F 333	<i>F 428</i> <i>483.60(c)</i> <i>DRUG REGIMEN REVIEW, REPORT</i> <i>IRREGULAR, ACT ON</i> What corrective action will be accomplished for those residents found to have been affected? • On 10/17/2011, Certified Dietary Manager and Business Office Manager completed an audit of pharmacy recommendations on Residents #8, #14, #15 and #17 from August 2011 until October 2011. All recommendations without a Physician response were faxed or called to physician to determine irregularities identified by the pharmacist related to laboratory monitoring were acted upon. • On 11/10/2011, Consultant Pharmacist completed Monthly Medication Regimen Reviews on resident #8, #14, #15, and #17. • Completed 11/11/2011, Attending Physicians of residents #8, #15 and #17 were notified of Pharmacy Recommendations to establish irregularities identified by the pharmacist related to laboratory monitoring were acted upon in a timely manner. There were no Pharmacy Recommendations on resident #14. How the facility will identify other residents having the potential to be affected by the same deficient practice? • Any residents who receive recommendations by the Consultant Pharmacist regarding PT/INR laboratory tests ordered have the potential to be effected. • On 10/17/2011, under the supervision of the Administrator, Certified Dietary Manager and Business Office Manager completed an audit of pharmacy recommendations on remaining current residents from August 2011 until October 2011. All recommendations without Physician response were faxed or called to physician to determine irregularities identified	
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed	F 428		

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F 428	<p>Continued From page 21 pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy and procedure review, it was determined the facility failed to have an effective system to ensure the irregularities identified by the pharmacist related to laboratory monitoring were acted upon in a timely manner. The pharmacist identified laboratory tests were not drawn on four (#8, #14, #15, #17) of nine residents on Coumadin, in the selected sample of nineteen residents.</p> <p>The findings include: A review of the facility's policy, "Consultant Pharmacist Reports," undated, revealed, "Recommendations are acted upon and documented by the facility staff and/or the prescriber. If the prescriber does not respond to recommendation directed to him/her within a reasonable time frame (upon the consultant pharmacist's next visit), the Director of Nursing and/or the consultant pharmacist may contact the Medical Director."</p> <p>An interview with the Pharmacist, on 10/15/11 at 12:05 PM, revealed she conducted medication</p>	F 428	<p>by the pharmacist related to laboratory monitoring were acted upon.</p> <ul style="list-style-type: none"> On 11/16/2011, Consultant Pharmacist completed Monthly Medication Regimen Reviews and recommendations, remaining current residents were sent to Physician for review via fax to determine irregularities identified by the pharmacist were acted upon in a timely manner. <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> On 10/16/2011, CQI Tool N-30 "Consultant Monitoring and Follow up" was revised, by Administrator. On 10/16/2011, CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" was written by Corporate Compliance Director, RN. Upon Administrator review of the facility Policy and Procedures Manual, no policy was identified regarding Consultant Pharmacist's Recommendations; therefore, on 10/17/2011, a new policy, Pharmacy Recommendations, was written by the Administrator and reviewed with Consultant Pharmacist. On 10/17/2011, the Director of Nursing was in-serviced on Pharmacy Recommendations Policy by the Corporate Compliance Director, RN. The Director of Nursing in-serviced Charge Nurses on the new policy, on 10/17/2011. On 10/17/2011, Administrator, Corporate Compliance Director, Director of Nursing and Medical Director met to discuss new and revised policies from 10/16/2011, auditing, QA action plans, and staff training needs to involve Medical Director with the establishment of an effective system to monitor Coumadin therapy and complete PT/INR laboratory testing in a timely basis per physician's orders. On 10/17/2011, Administrator completed CQI Tool N-30 "Consultant Monitoring and Follow Up". 		

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F 428	<p>Continued From page 22</p> <p>reviews once monthly. She stated she always checked to ensure labs were completed as ordered. When she identified a lab result was not in the chart she sent the facility a recommendation the next day. She stated she expected the facility to follow up on the recommendation. She revealed if the labs were not in the chart the next month, she sent another recommendation identifying the lab was not in the chart.</p> <p>An interview with the Director of Nursing (DON), on 10/15/11 at 10:00 AM, revealed pharmacy delivered the pharmacy medication review recommendations to the facility and he divided the recommendations up according to physician. He stated he gave the recommendations to the Charge Nurse and the nurses faxed or called the physician and made them aware of the recommendations. He stated the recommendations were to be placed on a clip board and remain there until the physicians were contacted.</p> <p>Interviews with four Licensed Practical Nurses (LPN) Charge Nurses (#1, #2, #3 and #4), on 10/15/11 at 10:27 AM, 12:21 PM, 12:26 PM, and 3:00 PM, respectively, revealed the DON passed the pharmacy recommendations to them. These recommendations were placed on a clipboard and addressed to the physician when there was time.</p> <p>An interview with the Administrator, on 10/15/11 at 11:30 AM, revealed the pharmacist conducted medication reviews monthly. The pharmacist sent her recommendations to the facility and were given to the DON. The DON divided the</p>	F 428	<ul style="list-style-type: none"> On 10/28/2011, Administrator and Quality Assurance Committee met with Medical Director reviewed Unusual Occurrence Reports, including those for lab and medication errors, and plan of correction/interventions in place. On 11/9/2011, Ward Clerk was in-serviced, by Business Office Manager, on how to complete an audit of monthly tracking of Pharmacy Recommendations including: physician notification date, physician response date, and date corresponding order was written regarding recommendations. On 11/15/2011, Administrator met with Ward Clerk to review Pharmacy Recommendation tracking. On 11/15/2011, CQI Tool N-30 "Consultant Monitoring and Follow Up" was revised, by Administrator, to reflect changes of the NF Lab Policy. On 11/17/2011, Administrator completed CQI Tool N-30 "Consultant Monitoring and Follow Up" and determined that the facility had responded to irregularities identified by the pharmacist related to laboratory monitoring were acted upon in a timely manner. On 10/17/2011 and 11/17/2011 Corporate Compliance Director, RN completed CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations" which reviews CQI Tool N - 20, for the previous thirty days. On 11/19/2011, Administrator contracted with a Nursing Consultant Company to assist in providing continuous quality improvement, training facility nursing staff, maintain the highest practicable physical, mental, and psychosocial well-being of facility residents, improve QA Committee functions, and monitor nursing staff compliance with State and Federal Regulations and facility policies and procedures. On 11/21/2011, Administrator will review revised policies, forms and plan of correction with Medical Director and other Quality 	

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F 428	<p>Continued From page 23.</p> <p>recommendations up by each residents' physician and gave them to the Charge Nurse to follow up with the physician, related to the recommendations. She stated the Charge Nurse notified the physician by phone or fax. The recommendations were placed on a clip board until the physician was contacted.</p> <p>1. A record review revealed Resident #17 was admitted to the facility with a diagnosis of Venous Thrombosis.</p> <p>A review of the physician's order, dated July 2011, revealed the facility should administer Coumadin (anticoagulant) 8 milligrams (mg) po every Monday, Tuesday, Thursday, Friday and Saturday and Coumadin 10 mg po every Sunday and Wednesday. In addition, a Prothrombin (PT) and Internationalized Ratio (INR) was to be drawn every month.</p> <p>A review of a Consultant Pharmacist Communication to Nursing, dated 08/09/11, revealed a lab reminder that a PT/INR should be drawn monthly and the last lab result in the chart was dated 07/01/11.</p> <p>A review of the lab reports revealed the PT/INR was not completed until 08/26/11, twenty-five (25) days late. A review of the lab report, dated 08/26/11, revealed the PT was 19.3 seconds (normal 12.3 - 14.1) and the INR was 1.6 (normal 2.0 - 3.5), which indicated the resident's levels were low and the risk of blood clotting was increased. The physician was notified and the Coumadin dosage was increased to 10 mg po every day (qd).</p>	F 428	<p>Assurance Committee members during November QA Meeting.</p> <ul style="list-style-type: none"> On 11/22/2011, Charge Nurses and Medication Nurses will be in-serviced by Director of Nursing to provide continuing education on Administering Medications Policy, NF Lab Policy, Physician Orders Policy, Pharmacy Recommendations Policy and repercussions of significant medication errors due to not following "Five Rights of Medication Administration". <p>How does the facility plan to monitor its performance to ensure that solutions are sustained?</p> <ul style="list-style-type: none"> The Director of Nursing will complete CQI Tool N-30 "Consultant Monitoring and Follow Up" monthly to determine Pharmacy Recommendations are acted upon in a timely manner. CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits will be completed monthly by Corporate Compliance Director, RN to verify N-30 "Consultant Monitoring and Follow Up" was completed as scheduled. Director of Nursing will present observations to Quality Assurance meeting with Medical Director. <p style="text-align: right;">Compliance Date</p>	11/29/2011
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F 428	<p>Continued From page 24</p> <p>2. A record review revealed Resident #8 was admitted to the facility on 11/25/09 with diagnoses to include Osteoarthritis, Depression, Weakness and Hypertension.</p> <p>A review of the physician's orders, dated July 2011, revealed the resident was to receive Coumadin 5 mg po on Monday, Tuesday, Wednesday, and Thursday, and 6 mg po on Friday, Saturday, and Sunday. A PT/INR was ordered monthly.</p> <p>A review of a laboratory report, dated 07/14/11, revealed the resident's PT was 31.7 seconds (normal: 12.3 - 14.1) and the INR was 2.9 (normal: 2.0 - 3.5), which indicated the INR was within normal limits. Further review of the lab report revealed the physician documented to not change the Coumadin dose.</p> <p>A review of the Consultant Pharmacist Communication to Nursing, dated 09/13/11, revealed a lab reminder that a PT/INR should be drawn monthly and was past due for August.</p> <p>A review of the Laboratory Book and Resident #8's record revealed the facility did not to obtain the PT/INR until 09/24/11, forty-one (41) days later, at a local hospital during an Emergency Room Evaluation.</p> <p>3. A record review revealed Resident #14 was admitted to the facility on 01/10/01 with diagnoses to include Cerebral Vascular Accident with Hemiplegia, Dementia and Chronic Obstructive Pulmonary Disease.</p> <p>A review of the physician's orders, dated July</p>	F 428		
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F 428	<p>Continued From page 25</p> <p>2011, revealed the resident was to receive Coumadin 4 mg po qd. A PT/INR was ordered monthly.</p> <p>A review of the laboratory report, dated 07/28/11, revealed the resident's PT was 27.4 seconds (normal: 12.3 - 14.1) and the INR was 2.6 (normal: 2.0 - 3.5), which indicated the INR was within normal limits. Further review of the lab report revealed the physician documented to not change the Coumadin dose and to check the INR monthly.</p> <p>A review of the Consultant Pharmacist Communication to Nursing, dated 09/13/11, revealed a lab reminder that a PT/INR should be drawn monthly and was past due for August.</p> <p>A review of the Laboratory Book and Resident #14's record revealed the facility did not obtain the PT/INR until 09/30/11, thirty-three (33) days later, with a PT of 14.2 and an INR of 1.1 which indicated the INR was low. Further review of the lab report, dated 09/30/11, revealed the physician documented to increase the Coumadin dose from 3 mg to 4 mg po qd.</p> <p>4. A record review revealed Resident #15 was admitted to the facility on 10/27/06 with diagnoses to include Cerebral Vascular Accident with Hemiplegia, Schizophrenia and Mental Retardation.</p> <p>A review of the physician's orders, dated July 2011 revealed the resident was to receive Coumadin 6.5 mg po qd. A PT/INR was ordered monthly and as needed (prn.).</p>	F 428		
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F 428	<p>Continued From page 26</p> <p>A review of the laboratory report, dated 07/06/11, revealed the resident's PT was 14.6 seconds (normal: 12.3 - 14.1) and the INR was 3.1 (normal: 2.0 - 3.5), which indicated the INR was within normal limits. Further review of the lab report revealed the physician documented to not the change the Coumadin dose.</p> <p>A review of the Consultant Pharmacist Drug Regimen Review, dated 08/09/11 and 09/13/11, revealed no labs had been drawn, but to watch for any lab not in the chart yet and follow-up on labs due.</p> <p>A review of the Laboratory Book and Resident #15's record revealed the facility did not obtain the PT/INR until 09/19/11, forty-four (44) days later, with a PT of 19.7 seconds (normal: 12.3 - 14.1) and an INR of 1.7 (normal: 2.0 - 3.5), which indicated the INR was low. Further review of the lab report revealed the physician documented to increase the Coumadin dose from 5 mg to 6.5 mg po qd.</p> <p>An interview with the DON, on 10/15/11 at 10:00 AM, revealed he was not aware the recommendations were not followed-up by the nurses, nor that the physicians were not notified.</p> <p>Interviews with four Licensed Practical Nurses (LPN) Charge Nurses (#1, #2, #3 and #4), on 10/15/11 at 10:27 AM, 12:21 PM, 12:26 PM, and 3:00 PM, respectively, revealed they were unable to give an explanation why the pharmacy recommendations were not addressed on a monthly basis.</p> <p>An interview with the Administrator, on 10/15/11</p>	F 428			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2011
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220	
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F 428	Continued From page 27 at 11:30 AM, revealed the facility had no system in place to identify if the physician was notified of the recommendations, however, she expected the Pharmacist to address it in the Quality Assurance meeting if recommendations were not acted upon.	F 428		
F 490 SS=K	483.75 EFFECTIVE 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, and review of facility policy and procedure it was determined the facility failed to be effectively/efficiently administered in a manner that maintained the highest physical well-being for eight (#6, #8, #13, #14, #15, #16, #17 and #18), of nineteen sampled residents. The facility failed to have an effective system to ensure policy and procedures were implemented related to the completion of physician ordered laboratory tests to monitor Coumadin therapy. The facility also failed to ensure Quality Assurance audits for laboratory tests were completed monthly. (Refer to F329 and F520) Resident #18 received 8.0 milligrams (mg) of Coumadin every day. A Prothrombin (PT) and International Normalized Ratio (INR) test was completed at the facility on 08/16/11 with results	F 490	<i>F 490</i> 483.75 <i>EFFECTIVE ADMINISTRATION/ RESIDENT WELL-BEING</i> What corrective action will be accomplished for those residents found to have been affected? • On 10/17/2011, an Administrative Nurse conducted a chart Lab Audit on residents #6, #8, #13, #14, #15, #16, #17 and #18 to establish PT/INR lab tests are current and completed in a timely basis per Physician Orders. • On 11/17/2011, a Corporate Officer conducted a chart review of resident #6, #8, #13, #14, #15, #16, #17, and #18 and determined that PT/INR is current, correct Coumadin dose is on Medication Administration Record, and next PT/INR is scheduled in accordance with physician order. How the facility will identify other residents having the potential to be affected by the same deficient practice? • All residents receiving Coumadin therapy have the potential to be affected by this alleged deficient practice. • On the weeks of 10/21/2011, 10/31/2011, 11/7/2011, and 11/14/2011, an Administrative Nurse completed a chart Lab Audit on the remainder of current residents to determine lab tests are current and completed in a timely basis per Physician Orders. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? • On 10/12/2011, Corporate Compliance Director, RN in-service Administrator and Director of Nursing on Lab Audit completion, corrective action, and scheduling. • On 10/16/2011, Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy were revised and PT/INR and PTT logs were developed, by	

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F 490	<p>Continued From page 28</p> <p>of a PT of 27.2 seconds and an INR of 2.5 (normal range PT 12.3-14.1 seconds and INR 2.0-3.5). Resident #18's physician ordered a repeat PT/INR be completed in one month (due on 09/18/11). However, the PT/INR was not obtained until 10/11/11, twenty-three days late, with critical results of a PT of 56.2 seconds and an INR of 6.5. The physician was notified and the resident's Coumadin was held for three days and restarted at a decreased dose of 6.0 mg per day.</p> <p>The Administrator's failure to administer the facility in a manner that enabled it to use its resources to ensure policy and procedures were implemented to ensure the monitoring of Coumadin therapy was completed per physician's orders, caused or is likely to cause serious injury, harm, impairment, or death to a resident. Immediate Jeopardy was determined to exist on 09/18/11.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 10/19/11. Immediate Jeopardy was verified removed on 10/18/11, as alleged in the AoC, prior to exit.</p> <p>The findings include:</p> <p>A review of the facility's Lab Policy, dated 06/25/09, revealed upon the receipt of a lab order from the physician, the lab order should be transferred to the lab book at the nurse's station and the order should be faxed to pharmacy.</p> <p>A review of the facility's policy, "Quality Assurance and Improvement," undated, revealed, "This is the monitoring and evaluation of the quality and appropriateness of resident care and</p>	F 490	<p>the Corporate Compliance Director, RN to add clarification of employee responsibilities to establish a consistent system for obtaining a laboratory test order, transcription of that order, and overall tracking of the laboratory process.</p> <ul style="list-style-type: none"> On 10/16/2011, CQI Tool N-20 "Laboratory Monitoring and Follow Up" was revised and implemented by Corporate Compliance Director, RN. On 10/16/2011, CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" was developed by Corporate Compliance Director. On 10/16/2011, Administrator was counseled on and re-educated by Corporate Compliance Director, RN on failure to administer the facility in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psycho-social well-being of each resident. Administrator completed N-20 "Laboratory Monitoring and Follow Up" on 10/17/2011 on residents with orders for PT/INR laboratory tests to monitor Coumadin therapy. On 10/17/2011, revised Lab Tracking forms and PT/INR and PTT logs were implemented. Prior to implementation, Corporate Compliance Director, RN in-serviced the Ward Clerk on how to complete and track laboratory results using the forms as assigned. On 10/17/2011, Administrator, Corporate Compliance Director, Director of Nursing and Medical Director met to discuss new and revised policies from 10/16/2011, auditing, QA action plans, and staff training needs to involve Medical Director with the establishment of an effective system to monitor Coumadin therapy and complete PT/INR laboratory testing in a timely basis per physician's orders. On 10/17/2011, the Director of Nursing was in-serviced on the revised Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy, and Pharmacy Recommendation Policy were 		

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F 490	<p>Continued From page 29</p> <p>services with a focus on continuous improvement. Data is collected about appearance of care and services of care (through the use of indicators) and are monitored and assessed regularly to determine whether desired outcomes are reached."</p> <p>An interview with the Assistant Director of Nursing's (ADON), on 10/13/11 at 2:35 PM, revealed she was responsible to audit the laboratory tests on a monthly basis. She also revealed part of the lab audit included scheduling the labs to be completed for the next month. Per interview, she did not complete the lab audit for August 2011.</p> <p>An interview with the Director of Nursing (DON), on 10/15/11 at 10:00 AM, revealed it was the ADON's responsibility to conduct laboratory audits at the end of every month to ensure all scheduled labs were completed. He stated the ADON resigned at the end of August 2011 and the lab audit was not completed for August 2011. He revealed it was his responsibility to complete the audit after the ADON resigned; however, this was not completed for either August or September 2011. Per interview he was not aware scheduling the lab tests for the upcoming month was part of the lab audit. Therefore, the laboratory tests were not scheduled for September 2011.</p> <p>An interview with the Administrator, on 10/15/11 at 11:30 AM, revealed the laboratory orders were written in the lab book to ensure the labs were drawn. Further interview revealed a monthly lab audit should be conducted by the ADON, or by the DON in the ADON's absence, to ensure the</p>	F 490	<p>revised and PT/INR and PTT logs by the Corporate Compliance Director, RN.</p> <ul style="list-style-type: none"> On 10/17/2011, Director of Nursing in-serviced Charge Nurses regarding Lab Policy, lab test protocol, Lab Tracking Policy, lab tracking forms, Physician Orders Policy, and PT/INR and PTT Log forms. On 10/28/2011, Administrator and Quality Assurance Committee met with Medical Director reviewed Unusual Occurrence Reports, including those for lab and medication errors, and plan of correction/interventions in place. On 11/3/2011, NF Lab Policy was revised, by the Corporate Compliance Director, RN, to add clarification regarding the tracking of the laboratory process to combine former Lab Policy and Lab Tracking Policy. On 11/7/2011, Corporate Compliance Director, RN completed an in-service with Charge Nurses and Ward Clerk on revised NF Lab Policy. On 11/11/11, Corporate Compliance Director, RN in-serviced on NF Lab Policy during the monthly staff meeting. CQI Tool N-20 "Laboratory Monitoring and Follow Up" was completed by Director of Nursing on 10/24/2011, 10/31/2011, 11/7/2011 and 11/14/2011. On 11/14/2011, a new staff position was created for a Lab Nurse, RN who would be responsible for ensuring PT/INR laboratory test are completed as scheduled, tracked according to policy, responded to in a timely manner, and audited per schedule. The Lab Nurse, RN began orientation with Corporate Compliance Director, RN on 11/14/2011 and work under the supervision of Director of Nursing and Corporate Compliance, RN until orientation is complete. Corporate Compliance Director, RN completed CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" on 10/17/2011 and 11/17/2011. 	
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F 490	<p>Continued From page 30</p> <p>labs were being completed as ordered. She was aware the lab audit had not been completed for August and September 2011, but was not aware scheduling the lab tests was part of the audit process.</p> <p>Record review of Residents #6, #8, #13, #14, #15, #16, #17, and #18, revealed the facility failed to ensure these residents, who were on Coumadin therapy, received laboratory testing per physician's order, to ensure monitoring of therapeutic levels and the appropriate dosage of Coumadin was maintained.</p> <p>The facility failed to obtain Resident #18's Coumadin level on 09/18/11, resulting in a critical PT/INR level on 10/11/11 of 56.2/6.5.</p> <p>An acceptable Allegation of Compliance was received on 10/19/11 and detailed the following:</p> <p>On 10/16/11, the Administrator was counseled on and re-educated by the Corporate Officer on failing to administer the facility 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.</p> <p>A Corporate Review of the Lab Audit was completed on 10/17/11 by the Corporate Officer. A review of the Lab Audit will be conducted monthly by the Corporate Officer.</p> <p>Verification of the removal of Immediate Jeopardy was completed as follows:</p> <p>A review of the counseling form, dated 10/16/11, and interview with the Administrator, revealed she</p>	F 490	<ul style="list-style-type: none"> On 11/18/2011, Lab Policy was added to the new hire information pack by Administrator for Licensed Nurses to provide responsible staff with education on the facility policy prior to orientation. On 11/19/2011, Administrator contracted with a Nursing Consultant Company to assist in providing continuous quality improvement, training facility nursing staff, maintain the highest practicable physical, mental, and psycho-social well-being of facility residents, improve QA Committee functions, and monitor nursing staff compliance with State and Federal Regulations and facility policies and procedures. On 11/21/2011, Administrator will review revised policies, forms and plan of correction with Medical Director and other Quality Assurance Committee members during November QA Meeting. On 11/22/2011, Charge Nurses and Medication Nurses will be in-serviced by Director of Nursing to provide continuing education on Administering Medications Policy, NF Lab Policy, Physician Orders Policy, Pharmacy Recommendations Policy and repercussions of significant medication errors due to not following "Five Rights of Medication Administration". <p>How does the facility plan to monitor its performance to ensure that solutions are sustained?</p> <ul style="list-style-type: none"> The Director of Nursing will complete CQI Tool N-20 "Laboratory Monitoring and Follow Up" twice monthly for 30 days, then monthly thereafter to determine PT/INR lab tests are current and completed in a timely basis per Physician Orders. Corporate Compliance Director, RN will complete CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits monthly to determine QA lab audit, N-20 "Laboratory Monitoring and Follow Up", N-30 "Consultant Monitoring and Follow Up", and 	
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F 490	<p>Continued From page 31</p> <p>was counseled on 10/16/11 related to using her resources effectively and efficiently to attain or maintain each resident's highest practicable physical, mental and psychosocial well being. She stated she was trained on using the resources and ensuring staff assigned to conduct certain duties were completing those duties.</p> <p>A review of the Review of the Lab Audit completed by the Corporate Officer revealed it was conducted on 10/17/11 and all Labs were completed and the physician's was notified with new orders received and carried out.</p> <p>Based on the above interviews and record reviews, it was determined the Immediate Jeopardy was removed, effective 10/18/11, as alleged in the AoC with the scope and severity lowered to a "E" based on the need of the facility to continue to evaluate the implementation of changes and quality assurance activities.</p>	F 490	<p>quarterly in-services are completed as scheduled.</p> <ul style="list-style-type: none"> Director of Nursing will present observations to Quality Assurance meeting with Medical Director. <p style="text-align: right;">Compliance Date 11/29/2011</p>	
F 520 SS=K	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>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.</p> <p>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.</p>	F 520	<p style="text-align: center;">F 520 483.75(o)(1) QA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>What corrective action will be accomplished for those residents found to have been affected?</p> <ul style="list-style-type: none"> On 10/17/2011, an Administrative Nurse completed QA Lab Audit on residents #6, #8, #14, #15, #16, #17 and #18 to determine laboratory monitoring for Coumadin therapy was completed per physician's order. On 11/17/2011, a Corporate Officer conducted a chart review of resident #6, #8, #13, #14, #15, #16, #17, and #18 and determined that PT/INR is current, correct Coumadin dose is on Medication Administration Record, and next PT/INR is scheduled in accordance with physician order. <p>How the facility will identify other residents having the potential to be affected by the same deficient practice?</p> <ul style="list-style-type: none"> An Administrative Nurse completed a QA Lab Audit on the remaining residents, the week of 10/17/2011, to determine remaining residents laboratory services were completed per physician. On the weeks of 10/17/2011, 10/24/2011, 10/31/2011, 11/7/2011, and 11/14/2011, an Administrative Nurse completed a lab audit to determine PT/INR lab tests are current and completed in a time basis per Physician's Order. 	

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F 520	<p>Continued From page 32</p> <p>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.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy and procedure review it was determined the facility failed to implement the Quality Assurance Committee's plan of action to ensure labs were drawn according to physician's orders. The facility failed to conduct a lab audit at the end of August 2011 (which should identify omitted labs in July 2011 and the scheduling of all routine labs for September 2011). The facility's failure resulted in eight (#6, #8, #13, #14, #15, #16, #17 and #18) of nine residents on Coumadin not having PT/INR levels drawn, in the selected sample of nineteen. Resident #18's PT/INR was not completed on 09/18/11, per the physician's order. Resident #18's PT/INR was not obtained until 10/11/11, twenty-three days late, with critical results of a PT of 56.2 seconds (normal 12.3-14.1) and an INR of 0.5 (normal: 2.0-3.5). (Refer to F329 and F490)</p> <p>The facility's failure to implement the Quality Assurance Committees Action Plan related to laboratory audits, caused or is likely to cause serious injury, harm, impairment, or death to a</p>	F 520	<p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?</p> <ul style="list-style-type: none"> On 10/12/2011, Corporate Compliance Director in-service'd Administrator and Director of Nursing on Lab Audit completion, corrective action and scheduling. On 10/16/2011, Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy were revised and PT/INR and PTT logs were developed, by the Corporate Compliance Director, RN to add clarification of employee responsibilities to establish a consistent system for obtaining a laboratory test order, transcription of that order, and overall tracking of the laboratory process. On 10/16/2011, CQI Tool N-20 "Laboratory Monitoring and Follow Up" was revised and implemented by Corporate Compliance Director, RN. On 10/16/2011, CQI Tool N-30 "Consultant Monitoring and Follow up" was revised, by Administrator. On 10/16/2011, CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" was revised and implemented. On 10/16/2011, Lab Policy was revised, by the Corporate Compliance Director, RN, to add clarification regarding the tracking of the laboratory process to provide further clarification for Charge Nurses and Ward Clerk. On 10/17/2011, revised Lab Tracking forms and PT/INR and PTT logs were implemented. Prior to implementation, Corporate Compliance Director, RN in-service the NF Ward Clerk how to complete and track laboratory results using the forms as assigned. On 10/17/2011, the Director of Nursing was in-service'd on the revised Lab Policy, laboratory test protocol, Lab Tracking Policy, Lab Tracking forms, Physician Orders Policy, and Pharmacy Recommendation Policy were 		

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F 520	<p>Continued From page 33</p> <p>resident. Immediate Jeopardy was determined to exist on 09/18/11.</p> <p>An acceptable Allegation of Compliance (AoC) was received on 10/19/11. Immediate Jeopardy was verified removed on 10/18/11, as alleged in the AoC, prior to exit.</p> <p>The findings include:</p> <p>A review of the facility's policy, "Quality Assurance and Improvement," undated, revealed, "This is the monitoring and evaluation of the quality and appropriateness of resident care and services with a focus on continuous improvement. Data is collected about appearance of care and services of care (through the use of indicators) and are monitored and assessed regularly to determine whether desired outcomes are reached."</p> <p>An interview with the Assistant Director of Nursing's (ADON), on 10/13/11 at 2:35 PM, revealed she was responsible to audit the laboratory tests and part of the lab audit included scheduling the labs to be completed for the next month. Per interview, she did not complete the lab audit for August 2011.</p> <p>An interview with the Director of Nursing (DON), on 10/15/11 at 10:00 AM, revealed it was the Assistant Director of Nursing's (ADON) responsibility to conduct laboratory audits at the end of every month to ensure all scheduled labs were completed. He stated the ADON resigned at the end of August 2011 and the lab audit was not completed. He revealed it was his responsibility to complete the audit. However, he</p>	F 520	<p>revised and PT/INR and PTT logs by the Corporate Compliance Director, RN.</p> <ul style="list-style-type: none"> On 10/17/2011, Director of Nursing in-serviced Charge Nurses regarding Lab Policy, lab test protocol, Lab Tracking Policy, lab tracking forms, Physician Orders Policy, and PT/INR and PTT Log forms. On 10/17/2011, Corporate Compliance Director, RN completed an in-service with Charge Nurses and Ward Clerk on revised Lab Policy. Administrator completed N-20 "Laboratory Monitoring and Follow Up" on 10/17/2011 on residents with orders for PT/INR laboratory tests to monitor Coumadin therapy. On 10/17/2011, Administrator, Corporate Compliance Director, Director of Nursing and Medical Director met to discuss new and revised policies from 10/16/2011, auditing, QA action plans, and staff training needs to involve Medical Director with the establishment of an effective system to monitor Coumadin therapy and complete PT/INR laboratory testing in a timely basis per physician's orders. On 10/17/2011, revised Lab Tracking forms and PT/INR and PTT logs were implemented. Prior to implementation, Corporate Compliance Director, RN in-serviced the Ward Clerk on how to complete and track laboratory results using the forms as assigned. On 10/17/2011, Director of Nursing in-serviced Charge Nurses regarding Lab Policy, lab test protocol, Lab Tracking Policy, lab tracking forms, Physician Orders Policy, and PT/INR and PTT Log forms. On 10/28/2011, Administrator and Quality Assurance Committee met with Medical Director reviewed Unusual Occurrence Reports, including those for lab and medication errors, and plan of correction/interventions in place. On 11/3/2011, NF Lab Policy was revised, by the Corporate Compliance Director, RN, to add clarification regarding the tracking of the 	

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F 520	<p>Continued From page 34</p> <p>was not aware a part of completing the audit was to schedule the next month labs.</p> <p>An interview with the Administrator, on 10/15/11 at 11:30 AM, revealed the DON should conduct the lab audit in the ADON's absence. She stated the lab audit should identify any missed labs the previous month, but she was not aware that one of the purposes of the lab audit was to schedule the routine labs for the next month.</p> <p>An interview with the Medical Director, on 10/15/11 at 10:45 AM, revealed she was made aware of only one of her resident's missing a PT/INR. She stated she was not made aware residents' routine labs were not scheduled for September or any missed labs in August. She revealed she expected the facility to notify her that labs were omitted, due to the lab audit not being completed at the end of August. She stated she was at the facility two to three times a week.</p> <p>Record review of Residents #6, #8, #13, #14, #15, #16, #17, and #18, revealed the facility failed to ensure laboratory monitoring for Coumadin therapy was completed per the physician's order. The facility failed to obtain Resident #18's Coumadin level on 09/18/11, resulting in a critical PT/INR level on 10/11/11 of 56.2/6.5.</p> <p>An acceptable Allegation of Compliance was received on 10/20/11 and detailed the following:</p> <p>On 10/17/11, a complete Lab Audit was completed on all current residents receiving Anticoagulants to ensure lab tests were current and completed per physician's orders. A</p>	F 520	<p>laboratory process to combine former Lab Policy and Lab Tracking Policy.</p> <ul style="list-style-type: none"> On 11/7/2011, Corporate Compliance Director, RN completed an in-service with Charge Nurses and Ward Clerk on revised NF Lab Policy. On 11/8/2011, under the supervision of the Director of Nursing, Medication Nurses and Certified Medication Technicians were in-serviced on Administering Medications Policy, return demonstration was observed, and observations were used to complete CQI Tool N-16 "Review of Medication Pass". On 11/10/2011, CQI Tool N-29 "New Admission & Hospital Returns Review" was written and implemented by Administrator and completed by MDS Coordinator, on 11/11/2011, to determine accuracy of physician's orders and medication administration records upon admission and readmission to the facility. On 11/11/11, Corporate Compliance Director, RN in-serviced on NF Lab Policy during the monthly staff meeting. On 11/14/2011, a new staff position was created for a Lab Nurse who would be responsible for ensuring laboratory test are completed as scheduled, tracked according to policy, responded to in a timely manner, and audited per schedule. The Lab Nurse began orientation with Corporate Compliance Director, RN on 11/14/2011. On 11/14/2011, a new staff position was created for a Lab Nurse, RN who would be responsible for ensuring PT/INR laboratory test are completed as scheduled, tracked according to policy, responded to in a timely manner, and audited per schedule. The Lab Nurse, RN began orientation with Corporate Compliance Director, RN on 11/14/2011 and work under the supervision of Director of Nursing and Corporate Compliance, RN until orientation is complete. On the weeks of 10/17/2011, 10/24/2011, 10/31/2011, 11/7/2011, and 11/14/2011, an 	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/10/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185400	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/20/2011
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 608 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220
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F 520	<p>Continued From page 35</p> <p>complete Lab Audit will be conducted by the DON or designee weekly beginning 10/24/11 for four weeks, twice monthly for one month, then monthly thereafter.</p> <p>The DON was inserviced on 10/12/11 and again on 10/17/11 on the protocol for conducting a lab audit.</p> <p>On 10/16/11, a CQI tool, Laboratory Monitoring and Follow Up, was revised and implemented. On 10/17/11, Laboratory Monitoring and Follow Up was completed by the Administrator on current residents receiving Anticoagulants. The Laboratory Monitoring and Follow Up will be completed by the DON or designee weekly for four weeks, twice monthly for one month, then monthly thereafter.</p> <p>A CQI tool, Corporate Review of Lab Audits, was completed 10/17/11 by the Corporate Officer on residents receiving anticoagulation therapy. Corporate Review of Lab Audits will be completed monthly by the Corporate Officer. A Quality Assurance Meeting was held on 10/17/11 with the facility's Medical Director to discuss issues identified, during the abbreviated survey, with residents on anticoagulants and the plan of action implemented.</p> <p>Verification of the removal of Immediate Jeopardy was completed as follows:</p> <p>A review of the chart lab audit, revealed a completion date of 10/17/11, reviewing all current residents receiving anticoagulants to ensure PT/INR tests were current and completed per physician's orders. As of 10/20/11, the first</p>	F 520	<p>Administrative Nurse completed a lab audit to determine PT/INR lab tests are current and completed in a time basis per Physician's Order.</p> <ul style="list-style-type: none"> • Corporate Compliance Director, RN completed CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits" on 10/17/2011 and 11/17/2011. • On 11/18/2011, NF Lab Policy and Administering Medications was added to the new hire information pack by Administrator for Licensed Nurses and/or Certified Medication Technicians to provide responsible staff with education on the facility policy prior to orientation. • On 11/18/2011, Certified Medication Technicians were in-serviced on repercussions of significant medication errors as a result of not following "Five Rights of Administering Medications". • On 11/19/2011, Administrator contracted with a Nursing Consultant Company to assist in providing continuous quality improvement, training facility nursing staff, maintain the highest practicable physical, mental, and psychosocial well-being of facility residents, improve QA Committee functions, and monitor nursing staff compliance with State and Federal Regulations and facility policies and procedures. • On 11/21/2011, Administrator will review revised policies, forms and plan of correction with Medical Director and other Quality Assurance Committee members during November QA Meeting. • On 11/22/2011, Charge Nurses and Medication Nurses will be in-serviced by Director of Nursing to provide continuing education on Administering Medications Policy, NF Lab Policy, Physician Orders Policy, Pharmacy Recommendations Policy and repercussions of significant medication errors due to not following "Five Rights of Medication Administration". 	

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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 506 ALLENSVILLE ROAD, P.O. BOX 427 ELKTON, KY 42220
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F 520	<p>Continued From page 36 weekly lab audit was not due until 10/24/11.</p> <p>A review of inservice records revealed the Director of Nursing was inserviced 10/12/11 and 10/17/11 regarding the revised lab policy, lab audits and tracking, physician orders, N-20 laboratory monitoring, and C-2 corporate review of laboratory monitoring.</p> <p>An interview with the Director of Nursing revealed he received inservicing from the Administrator and Corporate Consultant Director regarding his assigned duties which included performing or delegating lab audits, and the protocol for nurses who receive new lab results.</p> <p>A review of records revealed a CQI tool, N-20, was revised on 10/16/11. The N-20 CQI tool was completed by the Administrator on 10/17/11 to ensure laboratory orders were completed per physician's orders. The first weekly N-20 CQI tool was not due as of 10/20/11.</p> <p>A review of the lab audit, was completed 10/17/11 by the Corporate Compliance Officer, on residents receiving anticoagulation therapy. As of 10/20/11, the first monthly CQI audit was not due.</p> <p>A review of the Quality Assurance Minutes, dated 10/17/11, revealed a meeting was held to make the Medical Director aware of the issues identified with residents on anticoagulants and a plan of action was implemented.</p> <p>Based on the above interviews and record reviews, it was determined the Immediate Jeopardy was removed, effective 10/18/11, as alleged in the AoC with the scope and severity</p>	F 520	<p>How does the facility plan to monitor its performance to ensure that solutions are sustained?</p> <ul style="list-style-type: none"> A QA lab audit will be conducted under the supervision of the Director of Nursing twice monthly for thirty days. A QA Lab Audit will be conducted monthly by Director of Nursing or designee to reestablish a QA review of laboratory audits as a tool to identify and correct quality deficiencies. The Director of Nursing will complete CQI Tool N-20 "Laboratory Monitoring and Follow Up" twice monthly for 30 days, then monthly thereafter to establish PT/INR lab tests are current and completed in a timely basis per Physician's Orders. CQI Tool N-16 "Review of Medication Pass" will be completed for the remainder of four weeks, monthly for three months and then per CQI schedule under the supervision of the Director of Nursing. CQI Tool N-29 "New Admission & Hospital Returns Review will be completed monthly for three months and then per CQI schedule under the supervision of the Director of Nursing. The Director of Nursing will complete CQI Tool N-30 "Consultant Monitoring and Follow Up" monthly to determine Pharmacy Recommendations are acted upon in a timely manner. CQI Tool C-2 "Corporate Review of Lab and Pharmacy Recommendations Audits will be completed monthly by Corporate Compliance Director, RN to verify QA lab audit, N-20 "Laboratory Monitoring and Follow Up", N-30 "Consultant Monitoring and Follow Up", and quarterly in-services are completed as scheduled. Director of Nursing will present observations to Quality Assurance meeting with Medical Director. 	<p>Compliance Date 11/29/2011</p>
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F 520	Continued From page 37 lowered to a "E" based on the need of the facility to continue to evaluate the implementation of changes and quality assurance activities.	F 520		
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