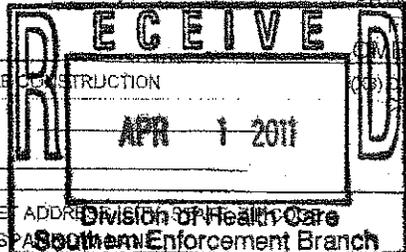


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Amended SoD

PRINTED: 03/25/2011  
FORM APPROVED  
NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185151	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED  02/09/2011
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NAME OF PROVIDER OR SUPPLIER  RIVERVIEW HEALTH CARE CENTER	STREET ADDRESS 79 SPA PRESTONSBURG, KY 41653
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  A standard health survey was conducted on February 7-9, 2011. Deficient practice was identified with the highest scope and severity at "E" level.	F 000	Riverview Health Care Center does not believe and does not admit that any deficiencies existed, before, during or after the survey. The Facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the Facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self critical examination privilege which the Facility does not waive and reserves the right to assert in any administrative, civil or criminal claim, action or proceeding. The Facility offers its response, credible allegations of compliance and plan of correction as part of its on-going efforts to provide quality of care to residents.	
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide foods/liquids that were palatable and at the proper temperature during the evening meal on February 7, 2011, and the noon meal on February 8, 2011.  The findings include:  Observation of the evening meal service on February 7, 2011, revealed the food cart was delivered from the kitchen to the first floor, north end, at 6:31 p.m. The last tray was removed from the cart at 6:55 p.m., 24 minutes after the cart was delivered to the floor. A food temperature and palatability test was conducted on the food items from the last tray with facility staff. The food temperature revealed the roast beef was 90 degrees Fahrenheit, the potatoes were 94 degrees Fahrenheit, the collard greens were 96 degrees Fahrenheit, the milk was 38 degrees Fahrenheit, and the ice cream was 30 degrees Fahrenheit. The palatability test revealed the	F 364		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa J. Allen, Admin / T. Radtke</i>	TITLE	(X6) DATE 3-31-11
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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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NAME OF PROVIDER OR SUPPLIER  RIVERVIEW HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653		
(X4) ID PREFIX TAG F 364	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 364	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 3/11/11
	<p>Continued From page 1</p> <p>roast beef, potatoes, and collard greens were room temperature to taste, the milk cool to taste, and the ice cream had melted on top.</p> <p>Observations of the noon meal service on February 8, 2011, revealed the food cart was delivered from the kitchen to the first floor, north end, at 12:35 p.m. The last tray was removed from the cart at 1:00 p.m., 25 minutes after the cart was delivered to the floor. A food temperature and palatability test was conducted on the food items from the last tray with facility staff. The food temperatures revealed the fried chicken was 122 degrees Fahrenheit, the macaroni and cheese was 118 degrees Fahrenheit, the green beans were 102 degrees Fahrenheit, the milk was 49 degrees Fahrenheit, and the pudding was 42 degrees Fahrenheit. The palatability test revealed the fried chicken was cool on the outside and warm on the inside, the macaroni and cheese was warm, the green beans were room temperature, and the milk and pudding were room temperature to taste.</p> <p>A group interview was conducted on February 8, 2011, at 4:00 p.m., with nine alert/oriented residents. The residents reported that foods were occasionally cold, with no specific meal being cold more frequently than another.</p> <p>An interview with the Dietary Manager (DM) on February 8, 2011, at 1:05 p.m., revealed the temperatures obtained during the noon meal were not hot enough. The DM stated the milk should have been no higher than 40 degrees Fahrenheit, and the pudding no higher than 40 degrees Fahrenheit. The DM went on to say that all hot foods should be above 130 degrees Fahrenheit at point of service per the facility policy.</p>		<p>F364</p> <p>No specific residents were identified in this deficiency. All applicable residents will be interviewed regarding the food to ensure it is palatable and at the proper temperature. Food distribution changes will be made to ensure all residents receive his/her food at the proper temperature. These changes include assessing residents on each hall to determine the amount of time it takes to serve/feed those residents. From that assessment, the order of tray delivery was changed to include starting at the other end of the hallway first. Those changes also included having the milk stored in coolers on a different cart for use during meal pass. The Dietary Manager/designee will check three trays per week to ensure proper temperatures. Further, the Social Services Director/designee will interview (3) residents per week to ensure food is being served at the proper temperature. Tray monitoring and resident interviews will be ongoing for at least 90 days. All results will be brought to the monthly QA Committee Meeting for review. Any concerns will be addressed and changes made as necessary.</p> <p>3/11/11</p>	

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NAME OF PROVIDER OR SUPPLIER  RIVERVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 79 SPARROW LANE PRESTONSBURG, KY 41653	
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F 364	Continued From page 2	F 364		
F 371 SS=E	<p>A review of the facility policy, not dated, revealed the temperature of hot foods served to the residents should have been no less than 140 degrees Fahrenheit. The facility policy further revealed the temperature of potentially hazardous cold foods would not be greater than 40 degrees Fahrenheit during tray assembly and 45 degrees Fahrenheit when served to the resident.</p> <p>483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure that food was stored, prepared, and distributed under sanitary conditions. Observation of the floor and pipe under the three-compartment sink on February 9, 2011, revealed a backflow of suds/liquid waste water on the floor seeping from the sink's drainage pipe.</p> <p>The findings include:  Observation of the three-compartment sink during the final sanitation audit conducted on February 9, 2011, at 10:30 a.m., revealed a backflow of suds and liquid waste water from the floor pipe carrying</p>	F 371	<p>F371 No specific residents were identified in this deficiency. No residents have been identified as being affected. The facility employs a licensed plumber and has also had the drain evaluated by a Master Plumber. The drain is on a preventive maintenance schedule to ensure it does not become clogged. The drain is checked weekly by maintenance supervisor/designee to ensure proper water flow. Results of weekly checks will be reviewed at monthly QA Committee meetings. Any concerns identified will be addressed and changes made as necessary. 3/9/11</p>	3/9/11

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NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>79 SPARROW LANE PRESTONSBURG, KY 41653</b>		
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F 371	Continued From page 3 the liquid waste water to the sewage system.  An interview was conducted with the facility Dietary Manager on February 9, 2011, at 10:35 a.m., revealed the pipe had frequently leaked suds in the past.  An interview with the facility Maintenance Supervisor on February 9, 2011, revealed the pipe had frequently leaked suds and waste water in the past. The facility Maintenance Supervisor stated the facility had not had a plumber to correct the drainage problem.	F 371			
F 425 SS=D	483.60(a), (b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.  This REQUIREMENT is not met as evidenced	F 425	F425: No specific residents were identified in this deficiency; however, residents with blister pack narcotics reinforced with tape were wasted by two (2) licensed nurses. Medications were reordered as necessary. No other residents were identified. All licensed staff were inserviced on narcotic storage and if blister packs are torn, the medication is to be wasted by two licensed nurses. Also, inserviced that blister packs are not to be reinforced with tape. These inservices were conducted on 3/9/11 & 3/11/11 by the DON and Administrator. The QA Nurse/designee will monitor all narcotic drawers weekly to ensure no blister packs are reinforced with tape. Monitoring will be ongoing with no intended stop date at this time. Any problems identified will	3/11/11	

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F 425	<p>Continued From page 4</p> <p>by: Based on observation and interview it was determined the facility failed to provide pharmaceutical services to ensure accurate storage and administration of narcotic drugs to meet the needs of each resident. The facility was aware narcotic medication packages were being taped to hold narcotic medications in place; however, the facility failed to have an effective system to ensure the narcotic medications were not being tampered with.</p> <p>The findings include:</p> <p>An observation conducted on February 9, 2011 at 1:25 p.m., of the medication narcotics drawer revealed a multi-dose blister pack of Hydrocodone 7.5/500 milligram (mg) tablets with the edges torn and frayed, and a tongue blade secured with tape to the back of the blister card. In addition, on the back of the blister card were two visible tears noted with a piece of plastic tape which reinforced the tears.</p> <p>An interview conducted on February 9, 2011, at 1:25 p.m., with Licensed Practical Nurse (LPN) #2 revealed the tongue blade was taped to the back of the Hydrocodone 7.5 mg/500 mg blister card to prevent the Hydrocodone from falling out. The LPN further revealed the blister card was torn and frayed due to wear and tear from the drawer which was overfilled and made it difficult to remove the blister cards which held the medication.</p> <p>An additional interview conducted on February 9, 2011, at 1:45 p.m., with LPN #3 revealed he/she would reinforce the back of the blister card with tape rather than waste the medication.</p>	F 425	<p>be corrected immediately and all findings will be reported at the monthly QA Committee meeting. Any concerns identified will be addressed and changes made as necessary.</p> <p>3/11/11</p>		

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F 425	<p>Continued From page 5</p> <p>An interview conducted on February 9, 2011, at 3:15 p.m., with LPN #4 revealed if the back of the narcotic blister pack tore he/she would tape the back of the pack. The LPN further revealed if the narcotic fell out of the blister pack then the narcotic would be wasted and witnessed by a second licensed nurse.</p> <p>An additional interview conducted on February 9, 2011, at 3:30 p.m., with LPN #5 revealed the facility received a full month supply of narcotics for all residents; however, the narcotics drawer had limited space for storage. Therefore, the narcotic blister packs were worn and frayed and the narcotic pills fell out at times.</p> <p>An interview conducted on February 9, 2011, with the Director of Nursing (DON) revealed he/she was aware the nurses added tape to the back of the narcotic blister packs. The DON also revealed the facility received one month of each resident's narcotics at the beginning of the month and the narcotics drawer was very full.</p> <p>An interview conducted with the Consultant Pharmacist (CP) revealed he/she performed quarterly spot checks on the facility's medication storage. The CP revealed he/she had observed "failed blister packs" of narcotics that were reinforced with tape. The CP further stated he/she had advised the facility of "incorrect practice" and recommended wasting the medications in the failed blister packs.</p> <p>An interview conducted with the Director of Nursing on February 9, 2011, at 4:30 p.m., revealed there was no narcotics policy regarding taping of narcotics.</p>	F 425			

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F 465 SS=D	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility failed to maintain a safe, functional, sanitary, and comfortable environment for residents, staff, and the public as evidenced by the South and North medication carts on the second floor observed to be soiled.</p> <p>The findings include:</p> <p>An observation on February 9, 2011, at 11:00 a.m., of the second floor North hall medication cart revealed a sticky, red substance covering the bottom of the drawer and several bottles of liquid medicines.</p> <p>An interview on February 9, 2011, at 11:00 a.m., with the Licensed Practical Nurse responsible for the North hall medication cart stated the night shift staff was responsible for cleaning the carts one to two times a week. The nurse further stated she/he was unaware of a cleaning schedule.</p> <p>An observation on February 9, 2011, at 11:30 a.m., of the second floor South hall medication cart revealed a sticky, red substance covering the bottom of one drawer on the bottom of the cart.</p> <p>During an interview on February 9, 2011, at 11:30 a.m., with the Registered Nurse responsible for</p>	F 465	<p>F465</p> <p>No residents were identified in this deficiency. No residents have been identified as being affected. All medication carts/drawers were cleaned on 2/9/11. Licensed staff was inserviced on the medication storage policy and carts/drawers must be cleaned after each med pass. Also, inserviced and implemented a cleaning schedule for night shift to deep clean carts two (2) times weekly. These inservices were conducted on 3/9/11 &amp; 3/11/11 by the DON and Administrator. The QA nurse/designee will monitor all med carts weekly to ensure proper cleaning. This monitoring will be ongoing with no intended stop date at this time. Any problems identified will be corrected immediately. All findings will be reported at the monthly QA Committee meeting. Concerns identified will be addressed and changes made as necessary.</p> <p>3/11/11</p>	3/11/11	

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F 465	<p>Continued From page 7</p> <p>the cart the Registered Nurse stated the night shift was responsible for cleaning the carts, and there was no documentation of when the carts were last cleaned.</p> <p>An interview on February 9, 2011, at 11:30 a.m., with the Unit Manger for the second floor revealed the medication carts were required to be inspected for cleanliness on a daily basis by night shift staff and were cleaned on the night shift as needed. The Unit Manager further stated at times when the bottles were opened the lids didn't secure tightly and this caused leakage.</p> <p>The Policy for Medication Administration-Storage, effective December 2010, revealed medication storage areas were to be kept clean, well lit, and free of clutter and extreme temperatures. The policy further revealed outdated, contaminated, or deteriorated medications and those in containers that were cracked, soiled, or without secure closures were to be immediately removed from stock, disposed of according to procedures for medication disposal, and reordered from the pharmacy if a current order existed.</p>	F 465			

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NAME OF PROVIDER OR SUPPLIER  <b>RIVERVIEW HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>79 SPARROW LANE PRESTONSBURG, KY 41653</b>	
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K 000	<p>INITIAL COMMENTS</p> <p>A life safety code survey was initiated and concluded on February 8, 2011, for compliance with Title 42, Code of Federal Regulations, §483.70 and found the facility in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p> <p>No deficiencies were identified during this survey.</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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