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NAME GP FROUTDER OF SUPPLIER FTHEET ADDRESS. CITY. STATE 2017 SAVIERSVILLE NUESSIG ASDR BERLAMILITATION CONTERS THARWAY DEVICE NAME GP ADDRESS. CITY. STATE 2017 C49 JD REFER TAG SUMMARY STATEMENT OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES CLACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES CLACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE RECEDED BY FULL REGULATORY OF DEFICIENCIES (LACH DEFICIENCY MUST DE REGULATORY OF DEFICIENCIES (LACH DEFICIENCIES (LACH DEFICIENCY MUST DE REGULATORY OF DEFICIENCIES (LACH DEFICIES (LACH DEF	DEFICIENCIES AND PLAN OF	Ì CLIA IDENNTIFICATION NUMBER	A. BUILDING	(X3) DATE SURVEY COMPLETED
INTERPRETING TO THE ADDRESS OF	NAME OF PROVIDER OF SU		STREET ADDRESS, O	CITY, STATE, ZIP
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65:40 DPRETR TAG SLMMARY STATISHENT OF DEFICIENCIES (LACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY F0225 Level of hearn - Mining Schull Bitr only people with no legal bislony of abusing, or people and no sequel bislony of abusing, or people and no sequel bislony of abusing, and people and no sequel bislony of abusing the regulation of a schull people and no sequel bislony of abusing there (1) of there (2) no sequence is a non-oxing pain medication in AdVII - Har Calify and the college and the schule and an anoxing pain medication in advission of a schull people and the all corrective activates and people and abusing people and the schule and people and the all corrective activates and people and abusing people and the schule and people and the all corrective activates and people and abusing people and the schule and people and the all corrective activates and people and the schule and people and the all corrective activates and people and the schule and people and the all corrective activates and people and the schule and people and the schule and people and the schule and people and the all people and the schule and people and pe	For information on the nursing	home's plan to correct this deficien		
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httm: ***NOTE: TERMS IN BRACKETS INAY: BEEN EDITED TO PROTECT CONFIDENTIALITY** Residents Affected - Few http://www.science.org/protections/science/scien		residents; or 2) report and inve		
Residents Affected - Few projected by state law and the facility's policy for three (3) of three (3) unsimpled residents C:D, and E). One Page 1014, Resident C reported to Registerior Name (RN)? PL Attacensed Practice Name (LP)? PL 01 entropied to Administer on tadminister Residents D and Ps nurretic pain nedication on 04:5014. The facility initiated in investigation and superchang: Resident Misreatment, Neglect, Abuse, Londing Equation of Ubakows Source, and Missingerporisinon (A Resident Preperty). Notice was underactice. Revealed the facility work of the facility source of the investigation to the same start of the facility source of the investigation on the second of the investigation in the results of the investigation to the same start was required to challenge the results of their investigation to the site Survey Agency within five calcular days. Review of the facility yould report all or other results of the investigation the contains of the medical traceous revealed the facility was required to challenge the results of their investigation to the site Survey Agency within five calcular days. Review of the facility source of the investigation to the site Survey Agency within five calcular days. Review of the facility source of the investigation to the site Survey Agency within the contained site Agencies and the facility source of the IND (C) (TA) (TA) (TA) (TA) (TA) (TA) (TA) (TA	harm or potential for actual	**NOTE- TERMS IN BRACKET Based on interview, record review	v, facility policy review, and review of the facility's inves	stigation, it was determined
F 0253 <td>Residents Affected - Few</td> <td>required by state law and the faci 04/30/14, Resident C reported to an unknown white pill to the resi not administer Residents D and E suspended LPN #10. However, th the facility's policy titled, Prevent Unknown Source, and Misapprop alleged violations and substantiat on the results of the investigation investigation to the State Survey. Administration, undated, revealed administration, undated, revealed administration, undated, revealed (MEDICATION NAME] (a narce (MEDICATION NAME] (a narce (MEDICATION NAME]) (a narce in pill and questioned to 07/17/14 after the resident requested a pain pain pill and questioned LPN #10 medication. Resident C sted he/ #10 attempted to give the residen Director of Nursing (DON) revea #10 attempted to gain news physician. The investigation reve his/her pain pill. The LPN threw i medication that was prescribed by retrieved the medication LPN #10 (Residents D and E stated that LPI documentation, the DON immedi facility failed to report the allegati (76 days after the allegation to the DOI allegations on 04/30/14 regarding allegations of the State Survey Af was notified by the DON of the a investigation of the allegations or reports were reported to State Ag</br></br></br></br></br></br></br></br></br></br></br></td> <td>ify's policy for three (3) of three (3) unsampled residents Registered Nurse (RN) #2 that Licensed Practical Nurse (lent instead of a narcotic pain medication. In addition, sta 's narcotic pain medication on 04/30/14. The facility initi e facility failed to report the allegation to state agencies. ion and Reporting: Resident Mistreatment, Neglect, Abu vitation of Resident Property, which was undated, reveale ed incidents to the State Agencies as required, and take al . The policy also revealed the facility was required to rep Agency within five calendar days. Review of the facility's the licensed nurse or medication assistant was required to iton: the right medication, the right dosage, the right dosa Review of the medical record revealed on 04/28/14, Resi to pain medication that contains 7.5 of [MEDICATION very six hours, as needed for pain. The facility assessed R (BIMS) score of 10, which indicated the resident's cogni at 4:40 PM, with Resident C revealed LPN #10 attempte pill. Resident C stated he/she knew the pill the LPN gav. The LPN threw the white pill in the trash and brought th she got the white pill out of the trash, gave the pill to RtN so to Resident C total LPN #10 that the medication the LP is the pill instead of his/her pain pill. Review of an investig led on 04/30/14, at approximately 5:00 AM, Resident C r illiquivalents of Potassium Chloride (the white pill was) to Resident C total LPN #10 that the medication the LP the pill lint the resident's troom, at y the physician to the resident. Continued review of the fax is nadely suspended LPN #10 on 04/30/14 to the appropriate S made), after the State Survey Agency initiated an abbrevi runniated on 05/13/14 due to appearing to be under the in ON acknowledged in interview on 07/18/14, at 10:00 AM. LPN #10. The DON stated based on the facility's investi sed to reporty. However, the DON stated looking back of gency. Interview conducted with the Administrator, the DOI legation related to Resident C and LPN #10. The Admin</td> <td>(Residents C, D, and E). On (LPN) #10 attempted to administer aff reported that LPN #10 did lated an investigation and The findings include: Review of see, Including Injuries of d the facility would report all ll corrective actions depending ort the results of their s policy titled, Medication to check the following prior to age form, the right route, the dident C's physician prescribed I NAMEJ and 325 milligrams of Resident C on 04/22/14, to have a tion was moderately impaired. de to give the resident a white pill e the resident was not his/her he resident the correct #2, and told the RN that LPN gation completed by the requested something for pain and LPN identified as Potassium Chloride, that was prescribed by the resident's N handed to the resident was not nd administered the pain nvestigation revealed Resident C stered Nurse (RN) #2. RN #2 cility's investigation. However, the state Agencies until 07/15/14 tated survey. LPN #10's fluence of drugs and she could not M, that she had been notified of the igation of the allegations, the I them to be allegations of abuse, on it she should have reported the /18/14, at 6:35 PM, revealed she istrator stated the DON completed an ON was responsible for ensuring</td>	Residents Affected - Few	required by state law and the faci 04/30/14, Resident C reported to an unknown white pill to the resi not administer Residents D and E suspended LPN #10. However, th the facility's policy titled, Prevent Unknown Source, and Misapprop alleged violations and substantiat on the results of the investigation investigation to the State Survey. Administration, undated, revealed administration, undated, revealed administration, undated, revealed (MEDICATION NAME] (a narce (MEDICATION NAME] (a narce (MEDICATION NAME]) (a narce in pill and questioned to 07/17/14 after the resident requested a pain pain pill and questioned LPN #10 medication. 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harm or potential for actual harm housekeeping services necessary to maintain a sanitary, orderly, and comfortable interior. Observations revealed bedside fall mats with carpeted top surfaces in four (4) of seventy-six (76) resident rooms (resident room numbers 118, 215, 308, and 315) that had stains, food crumbs, and lint on the carpeted areas and needed to be cleaned. Resident room 215 had two bedside mats that were in need of cleaning. The findings include: A request was made on 07/17/14 at 10:19 AM for the facility's housekeeping golicy. The facility provided a document entitled Housekeeping In-Service with a date of 01/01/2000 located at the bottom of the page. Interview with the facility's Housekeeping Supervisor on 07/17/14 at 9:44 AM revealed the facility did not have a policy related to maintaining cleanliness of carpeted surfaces, including the bedside fall mats. Interview with the facility's Administrator on 07/17/14 at 0:19 AM, also revealed the facility did not have a written policy to address proper cleaning/sanitizing of carpeted surfaces in resident rooms. Solw and 315 laso revealed for forom had a carpeted bedside mat that was stained, had food crumbs and lint on it, and was in need of cleaning. Observation conducted on 07/17/14 at 9:35 AM of resident room 308 and 315 laso revealed the facility did not have a set time to vacuum and/or clean the mats. The Housekeeping Supervisor on 07/17/14 at 9:44 AM revealed bedside fall mats that were is in resident rooms should be vacuumed and/or cleaned on them, and that were in need of cleaning. Continued observation conducted on 07/17/14 at 9:35 AM of resident room 215 had two carpeted bedside fall mats that were stained, had food crumbs on them, and were in need of cleaning. Interview with the Housekeeper on 07/17/14 at 9:44 AM revealed the fall mats that were stained, had food crumbs on them, and were in need of cleaning. Interview with the Housekeeper on 07/17/14 at 9:44 AM revealed the fall mats had been vacuumed or cleaned. Interview with the Houseke	F 0253	Provide housekeeping and n	naintenance services.	
1 A U O V A TA U V A TA U V A D V	Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, housekeeping services necessary fall mats with carpeted top surfac and 315) that had stains, food cru bedside mats that were in need of facility's housekeeping policy. Th located at the bottom of the page. the facility did not have a policy in mats. Interview with the facility's written policy to address proper c 118 on 07/15/14 at 4:34 PM, and crumbs and lint on it, and was in 315 also revealed each room had need of cleaning. Continued obse bedside fall mats that were staine on 07/17/14 at 9:24 AM revealed stated the facility did not have a s when the fall mats had been vacu housekeeping staff was to clean r staff was to clean and/or vacuum resident room. The Housekeeping	and review of facility policy it was determined the facilit to maintain a sanitary, orderly, and comfortable interior, i es in four (4) of seventy-six (76) resident rooms (resident mbs, and lint on the carpeted areas and needed to be clean 'cleaning. The findings include: A request was made on (e facility provided a document entitled Housekeeping In- Interview with the facility's Housekeeping Supervisor or elated to maintaining cleanliness of carpeted surfaces, in Administrator on 07/17/14 at 10:19 AM, also revealed th leaning/sanitizing of carpeted surfaces in resident rooms. on 07/17/14 at 9:18 AM revealed one carpeted bedside fa a carpeted bedside mat that was stained, had food crumbs rvation conducted on 07/17/14 at 9:35 PM revealed resid d, had food crumbs on them, and were in need of cleaning the fall mats in resident rooms should be vacuumed and/ et time to vacuum and/or clean the mats. The Housekeeping Supervision son a daily basis. According to the Housekee rugs, including the carpeted bedside fall mats, every time supervisor stated she had instructed housekeeping staff	Observations revealed bedside troom numbers 118, 215, 308, ned. Resident room 215 had two 07/17/14 at 10:19 AM for the Service with a date of 01/01/2000 n 07/17/14 at 9:44 AM revealed cluding the bedside fall he facility did not have a Observations of resident room all mat that was stained, had food 9:35 AM of resident rooms 308 and s and lint on them, and that were in lent room 215 had two carpeted g. Interview with the Housekeeper for cleaned only when dirty and er stated that she did not know rvisor on 07/17/14 at 9:44 AM revealed eping Supervisor, housekeeping e housekeeping staff cleaned a to use disinfectant spray on the

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: YL1011

Facility ID: 185221

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2014
NAME OF PROVIDER OF SU	IPPLIER		ESS, CITY, STATE, ZIP
	AND REHABILITATION CENT	SALYERSVILL	E, KY 41465
For information on the nursing (X4) ID PREFIX TAG	· ·	cy, please contact the nursing home or the state surv DEFICIENCIES (EACH DEFICIENCY MUST BE	
	OR LSC IDENTIFYING INFOR		
F 0253 Level of harm - Minimal harm or potential for actual harm	attempted to contact the manufac recommendations were for clean aware staff had failed to vacuum	t cleaning. Further interview with the Housekeeping turer of the carpeted bedside fall mats to determine ng/sanitizing the fall mats but she had been unsucce and/or clean the carpeted bedside fall mats. Continu M revealed facility staff had never deep cleaned the	what the manufacturer's essful. The Supervisor stated she was not red interview with the Housekeeping
Residents Affected - Some	she was not aware that the mats of company that provided the carpeel and spot cleaned as necessary. Fu method that would normally be u at 10:19 AM revealed that housed Continued interview with the Ad bedside fall mats and stated she v Housekeeping Supervisor had infl	iso to verify that may start market receip technic with the verify that a signal between the second of the second) PM with a representative of the l beside mats should be vacuumed daily mats may be deep cleaned using any ministrator of the facility on 07/17/14 e resident rooms on a daily basis. ad never deep cleaned the carpeted Administrator also stated the pasis, including carpeted surfaces, and
F 0282		ersons according to each resident's written plan of the second seco	
Level of harm - Immediate jeopardy Residents Affected - Few	Based on observation, interview, policy entitled, Using The Care F with a written plan of care for on Resident #8 dated [DATE], and r resident's [DIAGNOSES REDAC	record review, review of the facility's laboratory co lan, it was determined the facility failed to ensure so e (1) of thirty-four (34) sampled residents (Resident evised [DATE], revealed facility staff had develope CTED]. The care plan included an intervention to ob	ntract, and review of the facility's ervices were provided in accordance #8). Review of the plan of care for d a plan of care related to the
	[REDACTED]. Record review re to ensure the laboratory test had 1 revealed a PT with INR had been timeframe of seven weeks after the seconds), and the INR way 7.0 (r levels were critical. Review of th PT and INR levels and the reside #8 had been admitted to the facilit received services in accordance wharm, impairment, or death to rest 483.20 Resident Assessment (F2) 483.75 Administration (F490 and 483.25 Quality of Care (F329). T Compliance (AOC) was received [DATE], the State Survey Agence lowered the scope and severity to CFR 483.75 Administration (F49 assurance activities. The findings date of [DATE], revealed the car available to staff personnel who 1 facility's contract with the laborat would be conducted on a monthly However, interview on [DATE], orders expired 400 days after the would need to be updated in the 1 review revealed the facility admini- medical record revealed on [DAT] physician's orders [REDACTED] gave a verbal order to staff to read physician gave a verbal order to atf for read physician of the PT/INR results. seconds (reference range 9.5 to 1 continued review of Resident #8's [related to the use of [MEDICAT] physician of the PT/INR results. seconds (reference range 9.5 to 1 continued review of Resident #8's [related to the use of IMEDICAT] physician of the PT/INR results. seconds (reference range 9.5 to 1 continued review of Resident #8's [related to the hospital on [DAT] on [DATE] at 9:05 AM, revealed accordance with heplan of care. on a weekly basis for Resident #8's incident with Resident #8's, he lei laboratory tests 400 days after the According to the Unit Manager, t [DATE] and staff had transcribec laboratory test 400 days after the According to the Unit Manager, t incident with Resident #8, she lei laboratory Auditor on [DATE], in the computer system and had in the aboratory orders were up auditor had been to the facility to responsible for monitoring to ensi- care had been to the facility or weekly basis. However, the Corpi the PT and INR, which caused th Laboratory Auditor on [INR) as ordered (a test to check for bleeding time). Invealed facility staff had administered the medicatio been conducted as ordered and as required by the re- iobtained on [DATE]; however, the next PT with IN he previous test, at which time the PT was 85.1 seco- ference range 0.9 to 1.1). Documentation on the late e Nurse's Notes on [DATE] revealed the resident's p int was transferred to the hospital. Review of the hos- ity on [DATE], with a [DIAGNOSES REDACTED] with the resident's written plan of care caused, or wa- idents in the facility. Immediate Jeopardy was deter 82). 42 CFR 483.25 Quality of Care (F329), 42 CFF (F520) at a scope and severity of J. Substandard Qu he facility was notified of the Immediate Jeopardy or on [DATE], which alleged removal of the Immedia y determined the Immediate Jeopardy was removed D at 42 CFR 483.25 Quality of Care (F329), 42 CF 0 and F520) while the facility's policy titled, Using e plan would be used in developing the resident's da ad the responsibility to provide care or services to to tory, dated [DATE], revealed chart audit reviews of y basis. The contract did not specify a timeframe for a 2:00 PM with the laboratory's Corporate Managezi initial receipt of the order. According to the Corpor aboratory's computer system prior to the expiration ted Resident #8 on [DATE] with IDIAGNOSES RI TE] the resident's MEDICATION NAME] to 5 mil discontinue the 5 milligrams of [MEDICATION NAME] to seconds) and his/her INR level was 2.2 (referend s medical record revealed staff failed to ensure the F lered by the physician and in accordance with the plat twas not completed until [DATE] (seven weeks 3.5 seconds above reference range) and the INR was seconds hevels were Critical. The resident's hpy ity transferred Resident #8 to a hospital for further a rs [REDACTED]. Review of the hospital record for the the test had been initially ordered, which would tained on [DATE]. An interview on [DATE], at 2:0 laboratory sent an auditor once a monthly by According to the Unit Manager, she became	ns as ordered. However, the facility failed sident's plan of care. Further review R was not conducted until [DATE], a ands (reference range 9.5 to 11.6 boratory report revealed the PT and INR bybsician was notified of the abnormal pital medical record revealed Resident J. The facility's failure to ensure residents s likely to cause, serious injury, mined to exist on [DATE] at 42 CFR 4 483.60 Pharmacy Services (F428), and 42 CFR on [DATE]. An acceptable Allegation of the Jeopardy on [DATE]. Prior to exit on on [DATE] as alleged by the facility, which FR 483.60 Pharmacy Services (F428), and 42 eness of systemic changes and quality g the Care Plan, with a revision ily care routines and would be he resident. Review of the physician-ordered laboratory testing "when a physician's orders [REDACTED]. r revealed all routine standing laboratory ate Manager, the standing orders date of the laboratory orders. Record EDACTED]. Further review of the [DATE] ED].#8 every night. On [DATE], the MME] and to administer 6 milligrams of ated [DATE], revealed staff had developed a of care, the resident was at risk for bleeding n a PT/INR as ordered and to notify the lon [DATE], the resident's PT was 24.6 ze range 0.9 to 1.1). However, "T with INR laboratory tests were an of care. Record review revealed the after the previous test) at which time the is 7.0 (5.9 above the reference range). "sician was notified of the abnormal seessment and treatment in Resident #8 revealed the resident was EDACTED]. Interview with Unit Manager #1 asis to ensure care was provided in that a PT and INR had not been obtained onthly Physician order [REDACTED]. had been orders for routine "sician's orders [REDACTED]. had been orders for routine "sician's orders [REDACTED]. had been orders for routine "sician's orders [REDACTED]. had been ordered by the physician on eres [REDACTED]. Here wide the adarter the continued the orders for routine "sician's orders [REDACTED]. had been ordered by the physician on eres (REDACTED]. Here we conducted with the podate [DA

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE &			PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2014
AME OF PROVIDER OF SU		STREET ADDRESS, CITY	Y, STATE, ZIP
	AND REHABILITATION CENT	SALYERSVILLE, KY 41	
	· · · · · · · · · · · · · · · · · · ·	cy, please contact the nursing home or the state survey agency	
	OR LSC IDENTIFYING INFOR		ED DT FOLE REGULATORT
(X4) ID PREFIX TAG F 0282 Level of harm - Immediate jeopardy Residents Affected - Few	SUMMARY STATEMENT OF L OR LSC IDENTIFYING INFORM (continued from page 2) Administrator acknowledged in in ensure the PT and INR laboratory facility had not taken any action a and in accordance with physician on [DATE]. The facility impleme orders [REDACTED]. Resident # Resident #8 was going to expire c start date to [DATE] through [DA no PT with INR order in the syste was not being drawn during chan, was obtained 0n [DATE] to obtai to be drawn on the next lab day, v seconds and the INR was 7.0. The the hospital for direct admission. to have routine labs ordered by th and Staff Development Nurse on Unit Managers. All of the nurses, designee on the new laboratory p drawn as ordered by the physician to the manager of the laboratory corder or any other changes to the on those changes. Also stated in t at all, the facility will be responsi the Administrator and DON with lab orders in the laboratory syster [DATE] to be used for all laborat a laboratory order all the way to g in-serviced the DON and the Staf licensed nursing staffAll licenses protocol by [DATE], by the DON policy and protocol during orient education. Six (6) licensed nursin facility will provide in-service to 100 percent audit of all labs on [I addressed and taken through QA. documentation, Physician order [I laboratory tests in the laboratory j to ensure that they are drawn time needed. The Administrator and/or through Friday, in the morning m returned to the facility and have be Nurse on the rotating call schedul Weekend Nurse on Call will call tests were ordered on the weekenn have been received and the physic write this down on the weekend has bear tory tests ordered and the objex in yer physician order (Jaboratory tests ordered and the set laboratory tests ordered and the bisor facility with a bard copy test, and designee with a completion date corientation by the Staff Development Nur- new hires will be educated during consists of facility and contracted Services, Activities Director, and Assurance Committee members r Quality Assurance and	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE	D BY FULL REGULATORY ware that staff had failed to e Administrator stated the ch resident's plan of care e Allegation of Compliance (AOC) : -Resident #8 had a physician's noted that the PT with INR for em. She mistakenly changed the ; therefore, there would be hager discovered that a PT with 1NR anager and a clarification order h INR in the Medlab computer system #8 on [DATE]. The PT was 85.1 ived to transfer Resident #8 to XTE]All residents who were led an in-service for the DON Licensed Nursing Staff and I, Staff Development Nurse or e that laboratory tests are lministrator drafted a letter ny changes in renewing a lab N as well as provide education ditor will renew any labs nthly audits to provide th so that they could renew the ality Assurance team on ke starting from receiving a Nurse Consultant E], before they in-serviced the on the new lab policy and is will be educated on the lab r to receiving this l sick leave; however, the · Nursing Staff completed a sues identified were -up included completion of endar, which has all routine ratory calendar to the o ensure that they match and nysician notification as e (5) days a week, Monday red and results have been y through ThursdayThe TE] by the Administrator. The TE] by the Administrator. The I to see if any stat laboratory verify that the results tave been received. They will ff has been in-serviced on Development Nurse or I be educated during general ducation will be conducted staff are used the facility. All taily Assurance Committee ff Development Nurse, Social edical DirectorThe Quality terials created were reviewed by to were in-service by the in-service include signatures Staff in-service ervice materials for their use. Laboratory tests not completed at al bresults) minimally en one (1) time weekly until t or the Regional Direct of per the monitoring protocolThe pharmacist noted on the [DATE]. ON and will audit any r more team members in ing: any findings of sician notific

CENTERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/7/2014 FORM APPROVED
TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/25/2014
AME OF PROVIDER OF SU	185221	STREET ADDRES	S, CITY, STATE, ZIP
	AND REHABILITATION CENI	TER 571 PARKWAY D	RIVE
or information on the nursing	home's plan to correct this deficient	SALYERSVILLE, cy, please contact the nursing home or the state survey	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D	DEFICIENCIES (EACH DEFICIENCY MUST BE PF	· · ·
F 0282	OR LSC IDENTIFYING INFORM (continued from page 3)	MATION)	
Level of harm - Immediate	The Administrator and DON will	system when they become available after the Pharma check the computer system daily after the pharmacy of	consultant has exited to see if the
jeopardy	computer to the hard copy pharma	n the reports are available on the computer the Admin acy reports to ensure that they match. Any issues foun	d will be addressed through quality
Residents Affected - Few	Consultant's report monthly to see will be addressed through quality labs are ordered, the Nurse on Ca weekend lab tests ordered and rec ordered, at least monthly. Howev the physician or as care planned f anticoagulant therapy the root cat licensed nursing staffLicensed 1 resident care by [DATE]. In-servi include documentation required fi general orientation by the Staff D vacation, or sick leave and they w all anti-coagulant care plans were hundred percent (100%) of the ca planning team including the DON sufficient lab protocols in place to of Operations or the Clinical Nurr jeopardy to provide facility overs to provide management oversight Jeopardy was removed as follows the results being 85.1 for the PT a to 5:41 PM, revealed Resident #8 resident was sent to the hospital - Resident #8 had not received his/ The RN stated on [DATE] she not test as ordered and received not mager on [DATE], at 2:00 PM Resident #8's PT with INR order date for [DATE], instead of [DATE] and care plans. The DON and SD [DATE], at 4:15 PM, with the Re both the DON and the SDN on [I them providing an in-service to th the in-service provided by the DO with RN# 2 at 4:43 PM, R# 9 at PM, State Registered Nurse Aide SRNA #16 at 2:02 PM revealed they had a laboratory odter into the compute laboratory odt	surance meetings for follow-upThe Administrator ar e what recommendations have been made, and to iden assurance and taken to quality assurance meetings for ll will call the Administrator or DON and will docums eviewResident #8 has a care plan for anticoagulants er, the PT with INR laboratory tests for Resident #8 w rom [DATE] to [DATE]Based on the fact that the C use has been determined to be lack of use of the care p Nursing staff will be in-serviced on the comprehensivv ices will be conducted by the Staff Development Nurs or the use of interventions on the care plans. All new I evelopment Nurse. Six (6) licensed staff members hav- ill be educated before they are allowed to return to we reviewed and/or updated by the Regional Nurse Com- re plans have been reviewed and/or updated for labs of a consult will be in the building daily until the fac- ight. After the facility has abated the immediate jeopa throughout the survey process at least weekly. **The :: -Review of the laboratory reports for Resident #8 re- und the INR results being 7.0Review of the Nurse's I's physician was notified regarding the results of the re- Interview conducted with Registered Nurse (RN) #2. ther PT with INRs weekly as was ordered by the physi tified Resident #8's physician that the resident than on der to obtain weekly PT with INR. A PT with INR we uslts, and the resident was sent to a hospitalInterview revealed during her monthly review of an in-service r ise (SDN) attended an in-service to expire on [DATE], FE]Review of the Laboratory Policy and Protocol d pleted by all facility nursesReview of an in-service to the computer, which was set to expire on [DATE], FE], related to the lab policy and protocol, abuse, ra terview conducted with the DON and the SDN on [D], by the Regional Corporate Nurse on the lab policy an N stated they had then provided the in-service roster revea NN and SDN on the lab policy and protocol and care p P. 2:38 PM, Licensed Practical Nurse (LPN) # 3 at 2:46 (SRNA) #8 at 2:24 PM, SRNA #10 a	tify any issues found. Any issues found r follow-upIf any weekend stat ent any labs on the audit tool for the , which stated to obtain a PT/INR as ere not drawn weekly as ordered by "are Plan was not followed for dan as a communication tool to e care plan use in directing e, DON or designee. In-services will hires will be educated during we not been in-serviced due to orkOne hundred percent (100%) of sultant as necessary on [DATE]One on [DATE] by members of the care rices. The Administrator did not have ian ordersThe Regional Director :ility has abated the immediate rdy, they will be in the facility surveyors validated the Immediate vealed a PT with INR, and the on [DATE] at 9:05 AM, revealed cian in the [DATE] physician orders. t received a PT with INR, and the on [DATE] at 9:05 AM, revealed cian in the [DATE] physician orders. t received a PT with INR laboratory is completed on [DATE], the resident's with the laboratory Corporate ders, the Laboratory Auditor had updated and had inadvertently set the new start eveloped by the facility on [DATE], ooster dated [DATE], revealed the se Consultant on the lab policy, neglect, ATE], at 4:40 PM, revealed they had und protocol, abuse, resident rights, nursing staffInterview conducted on isible for providing an in-service to esident rights, and care plans prior to led 43 facility nurses attended lansInterviews conducted on [DATE], PM, LPN #5 at 2:56 PM, LPN #6 at 2:02 A #14 at 2:11 PM, SRNA #15 at 2:15 PM, an ent rightsInterview conducted on isible for providing an in-service to esident rights, and care plans prior to led 43 facility nurses attended lansInterviews conducted on the laboratory orders to the ory orders that were near expiration, notify the Administrator and the ducted with the Administrator on the haboratory orders to ensure laboratory i. laboratory orders to ensure laboratory i. laboratory orders to ensure laboratory i. Interviews conducted on [DATE], es (LPN) #3 at 2:46 PM, LPN #5 at 2:56 PM.
	calendars for each nursing station laboratory test was due for the res [DATE], on the Blue Wing at 2:4 with RN #2 at 4:43 PM, and RN # laboratory test were completed. T attending the morning Quality As completedInterview conducted reviewed the laboratory calendars been completed as ordered by the weekend to take Administrative c RN #2, and RN #9 revealed the w 1:00 PM, 5:00 PM, and 9:00 PM, then required to verbally verify if to document the information on tl #9 at 2:38 PM, and the DON at 4: interviews revealed they were req	ecord and the results reported to the physician as nece revealed all Unit Managers had documented all labor sidents on their unitObservations of the laboratory c 0 PM, Peach Wing at 2:45 PM, and the Green Wing a #9 at 2:38 PM, revealed they used the calendars to mo he RNs also revealed they were required to check lab- surance meeting and were required to report any conc with the Administrator on [DATE], at 4:30 PM, and t s every morning in the Quality Assurance morning me physicianReview of the Nurse on Call schedule rev allReview of an in-service by the Administrator dat reekend On-Call Nurse was required to call the facility to ensure any stat laboratory orders had been conduct the results had been received by the facility. The wee he weekend log beginning [DATE]Interviews condt :40 PM, all revealed they had attended an in-service b juired to call the facility when on call on Saturday and	atory orders and the date the alendars were conducted on t 2:50 PMInterviews conducted on [DATF nitor laboratory orders to ensure the oratory orders daily prior to erns with laboratory orders not being he DON at 4:40 PM, revealed they eting to ensure laboratory orders had realed a nurse was scheduled every ed [DATE], and attended by the DON, y on Saturday and Sunday at 9:00 AM, ed. If any were ordered, the RN was kend Nurse on Call was required lcted on [DATE], with RN #2 at 4:43 PM, R y the Administrator on [DATE]. The Sunday at 9:00 AM, 1:00 PM, 5:00
F 0323 Level of harm - Minimal harm or potential for actual	PM, and 9:00 PM, to ensure any st they were also required to docum program, which began on [DATE conducted an in-service for nurse the on-call nurses were required t laboratory orders had been compl process would begin on Saturday, morning meeting >Make sure that the nursing provides supervision to prevent **NOTE- TERMS IN BRACKET	stat laboratory orders had been ordered, and the results ent the information on a weekend lab-monitoring tool]]Interview conducted with the Administrator on [D, s who would be taking administrative call on weekend o call the facility at 9:00 AM, 1:00 PM, 5:00 PM, and eted and the results were on the resident's medical rec , [DATE]. The Administrator stated she would be revi home area is free from accident hazards and risks	s returned. The interview revealed as part of the Quality Assurance ATE], at 4:30 PM, revealed she had ds on [DATE]. The Administrator stated 9:00 PM to ensure all stat ord. The Administrator stated the tewing the audits every Monday in the and NTIALITY**

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AME OF PROVIDER OF SU ALYERSVILLE NURSING	185221 JPPLIER AND REHABILITATION CENT		
For information on the nursing	g home's plan to correct this deficien	cy, please contact the nursing home or the state surve	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE P MATION)	PRECEDED BY FULL REGULATORY
F 0323 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	assistive devices to prevent accid anti-rollback devices and bilatera Resident #12 sitting in his/her wh or leg rests attached to the wheeld with a revision date of 10/16/12, . Administrator on 07/24/14 at 1:31 review revealed the facility admit Data Set (MDS) assessment datee Status (BIMS) score of 6, which i Care with a revision date of 06/24 (device to prevent the wheelchair (attachment placed on the wheelchair (attachment placed on the wheelchair failed to ensure the anti-rollback with State Registered Nurse Aide #12 on 07/23/14. Further intervie was unaware what anti-rollback to Interview conducted with SRNA 07/23/14. She stated she was requ care plan would include informat Resident #12 had anti-rollbacks a interview conducted on 07/23/14 wheelchair. The RN stated therap the Physical Therapist (PT) on 07 attachments on wheelchairs. The the attachments had ever been pla ensure care was provided. Furthes Green Wing and Resident #12 res ensure residents were being provi anti-rollbacks or the bilateral leg (DON) on 07/25/14 at 1:17 PM rr	nsure one (1) of thirty-four (34) sampled residents (F ents. A review of Resident #12's care plan revealed th 11g rests because the resident was at risk for injury 1 eeclehair on 07/21/14, 07/22/14, and 07/23/14 reveale chair. The findings include: Review of the facility's In revealed the policy did not address the prevention of 0 PM, revealed the facility did not have a policy relat ted Resident #12 on 09/25/13 with [DIAGNOSES R 1 [DATE], revealed the facility assessed Resident #11 indicated the resident had severely impaired cognitio 4/14, revealed the facility developed a care plan inter from rolling back when the resident attempts to stan hair to allow the resident's legs to rest on and aid in 1 rvations of Resident #12 on 07/21/14 at 4:50 PM, on was sitting in a wheelchair in the dining room. The r devices and bilateral leg rests were in place on the wi (SRNA) #10 on 07/23/14 at 10:16 AM revealed she w revealed she was to review the resident's care plan o the wheelchair meant, or if Resident #12's wheelch #11 on 07/23/14 at 10:19 AM revealed she was also iired to review the care plan of the resident's may stiff was responsible for placing attachments ontro/ 1/23/14, at 1:31 PM, revealed the Therapy Departmer PT stated she was unsure why the attachments were iced on the wheelchair. The PT stated nursing staff in r interview with RN #1 on 07/23/14 at 2:22 PM revee sided on her unit. RN #1 stated she made rounds freq ided the care they required. However, the RN stated's rests were not on the resident's wheelchair. Interview evealed the facility monitored residents to ensure the when they conducted resident care rounds randomly i	he resident's wheelchair required from falling. Observations of ed there were no anti-rollback devices ncidents and Accidents Policy, accidents. Interview with the ted to assistive devices. Record EDACTED]. Review of a Quarterly Minimum 2 to have a Brief Interview for Mental n. Review of the Comprehensive Plan of vention for anti-rollback devices d) and bilateral leg rests mobility) to be on Resident #12's 07/22/14 at 11:28 AM, and on 07/23/14 esident's wheelchair revealed staff heelchair. Interview conducted was responsible for the care of Resident daily. However, the SRNA stated she air had anti-rollbacks or leg rests. responsible for the care of Resident #12 on provided care for each day, as the #11 also stated she was unaware if Nurse (RN) #1 acknowledged in an Ibacks or leg rests on the resident's wheelchairs. Interview conducted with at was responsible for placing not on Resident #12's wheelchairs or if nonitored the care of residents to aled she was the Unit Manager for the ueuntly throughout the unit to monitor to she had not identified that the v with the Director of Nursing y were provided with adequate
F 0329 Level of harm - Immediate jeopardy	were in place or to notify the The 1) Make sure that each resid resident's entire drug/medication being.	ce attachments on wheelchairs, but nursing staff was rapy Department to place them on the wheelchairs. lent's drug regimen is free from unnecessary drug on is managed and monitored to achieve highest w TS HAVE BEEN EDITED TO PROTECT CONFIDE	zs; 2) Each rell
Residents Affected - Few	Based on observation, interview, Results-Clinical Protocol and Me (it was determined the facility fail one (1) of thirty-four (34) sample [MEDICATION NAME] Time (1) completed weekly. A review of R basis at night and a PT and INR v resident's PT was 24.6 seconds (r to 1.1). Documentation revealed f however, staff failed to ensure the review of the resident's medical n (DATE]) at which time the reside above the reference range), and w dated [DATE], revealed Resident and admitted to a hospital where facility's failure to ensure facility ensure residents were free from s impairment, or death to residents Resident Assessment (F282), 42 (Administration (F490 and F520); Quality of Care (F329). The facil Compliance (AOC) was received [DATE], the State Survey Agenc; lowered the scope and severity to CFR 483.75 Administration (F49 assurance activities. The findings Results-Clinical Protocol, with a laboratory testing based on diagen requisition and arrange for the tes Administration, which was undat consequence and had achieved th errors. Review of the facility's co provide chart audit services for fa time in which a laboratory test or following a hospitalization , and v [DATE] physician's orders [RED to the resident nightly; however, stat (a timeframe of seven weeks). A 85.1 seconds (73.5 seconds above laboratory results revealed the lex- physician was notified of the Crit	ISTINCE DEVIEW LEDITED FOR INFIDER FEMILIEF FEMILIEF for a solution of the solution of the facility's policies entitle dication Administration, and a review of the facility's ed to ensure nursing staff effectively monitored medi d residents (Resident #8). Review of physician's ord PT) with an International Normalized Ratio (INR) (Iz tesident #8's medical record revealed the facility adm was obtained on [DATE] and on [DATE]. The PT/IN efference range 9.5 to 11.6 seconds), and the resident' facility staff continued to administer 6 mg of [MEDIG e PT and INR was collected on a weekly basis as ord ecord revealed [REDACTED].#8 again until [DATE ent's PT was 85.1 seconds (73.5 seconds above refere vas identified by the laboratory to be at a Critical levy #8's physician was notified of the abnormal lab resu he/she was placed on telemetry (heart monitoring) ar staff provided adequate monitoring of drugs and lab ignificant medication errors caused, or was likely to 4 in the facility. Immediate Jeopardy was determined to CFR 483.25 Quality of Care (F329), 42 CFR 483.60 at a scope and severity of J. Substandard Quality of C ity was notified of the Immediate Jeopardy was removed o D at 42 CFR 483.25 Quality of Care (F329), 42 CFF 430.25 Quality of Care (F329), 42 CFF 430.25 Quality of Care (F329), 42 CFF 430.25 Quality of Date (F329), 42 CFF 430.25 Qual	d Lab and Diagnostic Test s contract for Laboratory Services, ications and laboratory results for ers [REDACTED].#8 at night, and for a aboratory tests to check bleeding time) to be inistered [MEDICATION NAME] on a daily (R that was obtained on [DATE] revealed the 's INR was 2.2 (reference range 0.9 CATION NAME] to Resident #8 at night; ered by the resident's physician.] (seven weeks after the previous test on once range), the INR was 7.0 seconds (5.9 el. Review of the Nurse's Notes lts and the resident was transported and diagnosed with [REDACTED]. The oratory testing and failure to cause, serious njury, harm, to exist on [DATE] at 42 CFR 483.20 Pharmacy Services (F428), and 42 CFR 483.70 Pharmacy Services (F428), and 42 CFR 483.75 E]. An acceptable Allegation of e Jeopardy on [DATE]. Prior to exit on on [DATE] as alleged by the facility, which R 483.60 Pharmacy Services (F428), and 42 ness of systemic changes and quality and Diagnostic Test Id identify and order diagnostic and g staff would process the test facility's policy titled, Medication cation was implicated in an adverse ress monitoring medication/medication DATE], revealed the laboratory will not address a specific amount of facility's contract titled, Pharmacy he drug regimen of each resident in the dical Director, the resident's nt #8 to the facility on [DATE] SES REDACTED]. Review of Resident #8's diministered 6 mg of [MEDICATION NAME] ekly basis from [DATE] through [DATE] ekly basis from the Hospital
	the Occupational Safety and Heal bloody nose; bleeding gums; mus	Ith Administration (n.d.), the signs and symptoms of scle and joint pain; hematomas of the arms, legs, butt	[MEDICATION NAME] toxicity include

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NAME OF PROVIDER OF SU	PPLIER	STREET ADDRESS, CITY, ST	ATE, ZIP
SALYERSVILLE NURSING	AND REHABILITATION CENT	TER 571 PARKWAY DRIVE SALYERSVILLE, KY 41465	
	· ·	cy, please contact the nursing home or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF L OR LSC IDENTIFYING INFOR		Y FULL REGULATORY
SALYERSVILLE NURSING	AND REHABILITATION CENT home's plan to correct this deficient SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR (continued from page 5) staff revealed Resident #8 did non Manager #1, on [DATE] at 9:05 according to the Unit Manager, on [DATE]. The Unit Manager state INR had expired. According to th laboratory tests expired after 400 expired. Interview on [DATE] at INR levels were obtained and rep resident on [DATE], and had doc stated he had just reviewed the lab on ce a month to verify laboratory it was ultimately the facility's resj The Corporate Manager stated wi [DATE], and that had caused the Nursing (DON) on [DATE] at 1: standing orders for laboratory test by the physician. According to th physician's initial order, but had c The DON stated facility staff was tests. The DON stated until the in a laboratory order after 400 days, stated the facility had not put any INRs had been missed. Interview failure to obtain PT and INR labor taken any action after the incident facility provided an acceptable A remove the Immediate Jeopardy: [DATE]. On [DATE], the lab not the lab in the Medlab System. Sh of the system until that date; therr until [DATE]. The Unit Manager was notified by the Unit Manager was notified by the Unit Manager unit Manager put the PT with IN with INR was drawn on Resident LPN and new orders were receive the hospital from [DATE] to [DA Regional Nurse Consultant provit to providing an in-service to Lice will be in-serviced by the DON, S has been developed to ensure that in a timely mannerThe Adminin minimum expectation is that for a notify the Administrator and DOI the expectation that no laboratory laboratory was also expected duri those orders expiring in the upcon policy and protocol was develope policy and protocol was develope policy and protocol was develope policy and protocol includes the s results and monitoring for timelir on the lab policy and protocol on a well as the unit managers will Nurse or designee. All new nursin	TER 571 PARKWAY DRIVE SALYERSVILLE, KY 41465 cy, please contact the nursing home or the state survey agency. DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED B	Y FULL REGULATORY E] Toxicity. Interview with Unit completed. However, or Resident #8 since or Resident #8's PT with an d her standing orders for boratory request had e Resident #8's PT and tated he assessed the <i>i</i> in his Progress Notes, but not identified the PT n [DATE], at 2:00 PM with itor to the facility m order at that time, but s had not changed. tests of [DATE], instead of ew with the Director of atory testing maintained ass it was reordered t #1 in accordance with the he 400th day). o conduct laboratory e of the expiration of oratory. The DON ident #8's PT with nformed of the facility's he facility had not [REDACTED],**The ted the following actions to had a PT with INR drawn on ATE] so she went in to renew hich deleted the order out ent #8 from [DATE] bover on [DATE]. The PT e physician was notified by the lent #8 was admitted to hysician are at risk. The lab policy on [DATE], prior is the Unit Managers, and protocol. New protocol results are received stating that the oratory tests. This new o getting the Name Staff DON, Staff Development Nurse ensed nursing staff DON, Staff Development tation. No licensed
	the in-service because of vacation before they return to workAdm labs were drawn per physicians o provided, Quality Assurance follo will have a laboratory calendar, w it. They will compare the laborat Monday through Friday to ensure received as well as family and ph of the laboratory book five (5) da have been drawn as ordered and r are performed Monday through T lab-monitoring log on [DATE] bj at 9 AM, 5 PM, and 9 PM to see ordered they will verbally verify i and if any new orders have been n upcoming weekendAll staff has conducted by DON, Staff Develo All new hires will be educated du Resident Rights. Education will b No agency staff are used the facil NurseThe Quality Assurance C Managers, Staff Development Nu includes the Medical DirectorT education materials created were Development Nurse, who were in Staff. Records of the in-service in for efficacy of the training. Staff copies of all in-service materials to validate that Laboratory tests b umely per policy protocol. This w calendar to the laboratory tests lis Unit Manager will then follow up have been received, and they hav Administrator, DON, or designee tests have been drawn as physicia immediately. This practice becam call the Administrator or DON an	work plot of releasing status of the construct in the construct of the service to the inistrative Nursing Staff completed a 100 percent audit of all labs or rder; any issues identified were addressed and taken through QA. F wo-up included completion of documentation, Physician order [RE hich has all routine laboratory tests in the laboratory book prior to the that they match and to ensure that they are drawn timely as ordere ry calendar to the laboratory tests in the laboratory book prior to the that they match and to ensure that they are drawn timely as ordere rysician notification as needed. The Administrator and/or DON or dys a week, Monday through Friday, in the morning meeting to ensure secults have been returned to the facility and have been addressed. I hursdayThe Nurse on the rotating call schedule was in-serviced the Administrator. The Weekend Nurse on Call will call the facilit fan y stat laboratory tests were ordered on the weekend. If stat labs the results have been received and the physician and the family received. They will write this down on the weekend lab monitoring been in-serviced on abuse, the definition of abuse, and reporting a pment Nurse or designee with a completion date of [DATE]. No ag ring general orientation by the Staff Development Nurse - All staff e conducted by DON, Staff Development Nurse or designee with a ity. All new hires will be educated during general orientation by the ommittee consists of facility and contracted staff. This includes Ac trse, Social Services, Activities Director, and the Dietary Director. he Quality Assurance Committee members reviewed the education reviewed by Quality Assurance and have been taught to staff by th -service by the Regional Nurse Consultant before they in-service clude signatures of attendance, signature of in-services received, a in-service duation was provided on [DATE] and completed on [I for their useMembers of the Quality Assurance Committee devel were obtained as ordered by the physician and result	six employees in [DATE] to ensure ased on the information DACTED]The Unit Managers rest of the year on is morning meetings d and results are esignee will monitor use rie that laboratory tests Routine laboratory tests Routine laboratory tests Routine laboratory tests and the weekend ty on Saturday and Sunday oratory tests have been thave been notified log beginning this buse. Education will be ency is used at the facility. 'will be in-serviced on completion date of [DATE]. e Staff Development ministrator, DON, Unit Contracted membership material on [DATE]. The e DON and Staff the Licensed Nursing nd copy of testing DATE]. Staff retained oped a policy on [DATE] and followed up on compare the laboratory rify they match. The rawn as listed, results ay through Friday, the to ensure that laboratory I be corrected he Nurse on Call will surance Meetings will be

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AME OF PROVIDER OF SU			STREET ADDRESS, CITY, ST.	ATE, ZIP
ALYERSVILLE NURSING	AND REHABILITATION CENT	TER	571 PARKWAY DRIVE SALYERSVILLE, KY 41465	
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing hor		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR		ENCY MUST BE PRECEDED B	Y FULL REGULATORY
F 0329	(continued from page 6)			
Level of harm - Immediate	compliance including: any findin without physician notification, or		ed per physician order, any abnor Assurance Committee members w	
jeopardy	findings of laboratory tests not co notification, or any critical lab res			
Residents Affected - Few	necessary until [DATE]; then one	(1) time weekly until [DATE] of	r as needed; then monthly thereaft	er or as needed sooner.
Kesidents Affected - Few	-Regional Nurse Consultant or th Assurance meetings as per the mu and on [DATE]. The pharmacist hadn't been having their PT with failed to review all [MEDICATIO of medication at riskThe DON for Resident #8 in May and [DAT the pharmacy on [DATE], stating with an order for [REDACTED]. explained to him that the pharmaa reports when reports are ready an or DON will educate the Pharmac monitoring labs for critical levels include that the Pharmacy Consu the consultant reports and provide required to sign verification of ed effective [DATE], so they can go Administrator and DON will revi Consultant has completed his exi: consultant has completed his exi: consultant has completed his exi: consultant has completed his exi: and DON will review the Pharma any issues found. Any issues foun follow-upIf any weekend stat It any labs on the audit tool for the which stated to obtain a PT/INR i were not drawn weekly as ordere Care Plan was not followed for an as a communication tool to licens plan use in directing resident care designee. In-services will include will be educated during general o in-serviced due to vacation, or sic hundred percent (100%) of all an necessary on [DATE]One hund members of the care planning tea Administrator did not have suffic ordersThe Regional Director of facility has abated the immediate jeopardy, they will be in the facil surveyors validated the Immediat igorard. PT with INR dated [D Nurse's Notes for Resident #8 dat of the resident's PT with INR, an #2 on [DATE] at 9:05 AM, reveal in the [DATE] physician orders Received a PT with INR dated facil protocol developed by the facility in-service roster revealed 43 facil protocol developed by the facility in-service roster revealed 43 facil protocol and care plansInterview (LPN) #3 at 2:46 PM, LPN #5 at 2:00 PM, SRNA #14 at 2:11 PM, abuse, and resident rightsInterview completied - Interview conducted with the Ac notified the laboratory orders in the expected the Laboratory Auditor nearing expirationReview of the letter see lab	e Regional Direct of Operations y nitoring protocolThe Pharmac noted on the [DATE] review in CI INR drawn weekly per physician DN NAME] or other blood thinni spoke with the current Pharmacy (E], and the Pharmacy Consultan acility starting in AugustThe A tinat during the pharmacist's mor -On [DATE], the Administrator of cy consultant must exit with the <i>A</i> d provide the facility with a hard cy Consultant before their next re , drug-to-drug interactions, and re thant during the pharmacy co- tucationThe Administrator and in and look at the consultant repe we the reports in the pharmacy co t. The Administrator and DON w reports are on the computer. Whe pare the computer to the hard cop guality assurance and taken to qui- cy Consultant's report monthly to d will be addressed through qual abs are ordered, the Nurse on Call weekend lab tests ordered and rec as ordered, at least monthly. How d by the physician or as care plan nticoagulant therapy the root caus ed nursing staffLicensed Nursi by [DATE]. In-services will be ed documentation required for the t rientation by the Staff Develoym k leave and they will be educated ti-coagulant care plans were revic fred percent (100%) of the care plan micluding the DON, MDS, Uni ient lab protocols in place to assu 'Operations or the Clinical Nurse jeopardy to provide facility oversi ity to provide management oversis e Jeopardy was removed as follor ATE] with the results being 85.1 led [DATE], at 5:14 PM, revealed fne RN stated on [DATE], at 4:15 PM, rivice to both the DON and Staff Develoym its than sordered and received an its physician was notified of the operate Manager on [DATE], at 4:15 PM, rivice to both the DON and the Si ans prior to them providing an in ity nurse attended an in-service o wits radiffs at 2:15 PM, and SRM iews conducted on [DATE], at 4:15 PM, rivice to both the DON and the Si ans prior to the decility over a to and the DON for any changes liministrator on [DATE], at 4:30 F Manager by phone and then by le e computer, that the facility wou to g	vill review, comment, recomment y Consultant reviewed Resident # minview (the pharmacy's comput s orders [REDACTED]. During ti g laboratory tests, which placed a Consultant on [DATE], who had a stated that he was resigning and dministrator drafted a letter to the thyl review, the minimum expect- called and spoke with the General dministrator and/or DON and go copy of the consultant reports. The gular review to ensure they assess commended drug alternatives. The ator and/or DON upon completio he consultant reports. The Pharm DON now have access to the phar yrts as well as any notes that had to mputer system when they becom II check the computer system dail on the reports are available on the oy pharmacy reports to ensure tha ality assurance meetings for follor o see what recommendations have ity assurance and taken to quality will call the Administrator or DC eivedResident #8 has a care pla ever, the PT with INR laboratory ned from [DATE] to [DATE]Bi e has been determined to be lack, ng staff will be in-serviced on the conducted by the Staff Developm use of interventions on the care pla ent Nurse. Six (6) licensed staff m before they are allowed to return wed and/or updated by the Regio ans have been reviewed and/or up t managers, Dietary Manager, So re that Resident #8 had received 1 Consultant will be in the building ight. After the facility has abated gith throughout the survey process ws: -Review of the laboratory rep for keident #8's physician that order to obtain weekly PT with IN resulta, and the resident was sent 2:00 PM, revealed during her mon INR order in the computer, which instead of [DATE]Review of tha had been completed by all facility topment Nurse (SDN) attended an re plansInterview conducted with R his/her PT with INRs weekly as v tified Resident #8's physician that order to obtain weekly PT with IN results, and the resident was sent 2:00 PM, revealed during her mon INR order in the computer, which instead of [DATE]Review of tha abe encoupter, have a 2:38 I at eRegistered Nurse (I, and/or approve Quality 8's medical record on [DATE] erized system) that Resident #8 ne audit, the pharmacist and the pharmacy review someone else would be doing General Manager of ation is that all residents Manager of the pharmacy and over their consultant he Administrator and/ the following areas: ne education will also nof their review to go over acy Consultant will be macy computer system ween made. The e available after the Pharmacy y after the pharmacy computer the ti they match. Any issues v-upThe Administrator been made, and to identify assurance meetings for NN and will document n for anticoagulants, tests for Resident #8 used on the fact that the of use of the care plan comprehensive care ent Nurse, DON or ms. All new hires embers have not been to workOne nal Nurse Consultant as addated for labs on [DATE] by cial ServicesThe abs per physician g daily until the the immediate as a tleast weekly. **The prist for Resident #8 mg 7.0Review of the fied regarding the results egistered Nurse (RN) vas ordered by the physician the resident had not JR. A PT with INR was to a hospital. thly review of laboratory was set to expire on e Laboratory Policy and nursesReview of an in-service by the Regional th the DON and the SDN orate Nurse on the lab provided the in-service in trevealed she had been policy and protocol, ew of the nut revealed she had been policy and protocol, ew of the nut he lab policy and PM, Licensed Practical Nurse aeled the Administrator had hey were to no longer nat the facility laboratory orders were on [DATE], of all residents' eat all had been "2:38 PM, Licensed Practical aeled they had all assisted in upleted as ordered by d to the physician as ad documented all as of the laboratory be Green Wing at 2:50 PM.
	laboratory orders daily prior to at	tending the morning Quality Assu	e RNs also revealed they were requirance meeting and were required with the Administrator on [DATE]	to report any concerns

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185221	(X2) MULTIPLE CONSTRUC A. BUILDING B. WING	TION	(X3) DATE SURVEY COMPLETED 07/25/2014
NAME OF PROVIDER OF SU SALYERSVILLE NURSING		ſER	STREET ADDRESS, CITY, STA	L ATE, ZIP
For information on the nursing	home's plan to correct this deficien	cv. please contact the nursing hor	SALYERSVILLE, KY 41465 me or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICI		Y FULL REGULATORY
F 0329	(continued from page 7)	- d d 1-1	in the Orelite Armen	
Level of harm - Immediate jeopardy	ensure laboratory orders had been nurse was scheduled every week and attended by the DON, RN #2	n completed as ordered by the phy end to take Administrative callF , and RN #9 revealed the weeken	morning in the Quality Assurance ysicianReview of the Nurse on C Review of an in-service by the Adr d On-Call Nurse was required to c	Call schedule revealed a ninistrator dated [DATE], call the facility on Saturday
Residents Affected - Few	and Sunday at 9:00 AM, 1:00 PM ordered, the RN was then require Call was required to document th #2 at 4:43 PM, RN #9 at 2:38 PM on [DATE]. The interviews revea 1:00 PM, 5:00 PM, and 9:00 PM, interview revealed they were also Quality Assurance program, white revealed she had conducted an in Administrator stated the on-call r ensure all stat laboratory orders h Administrator stated the process audits every Monday in the morn [DATE], regarding Abuse and Rt a new hire in-service syllabus wa -Interviews conducted on [DATE #5 at 2:56 PM, LPN #6 at 2:02 P. PM, SRNA #15 at 2:15 PM, and	I, 5:00 PM, and 9:00 PM, to ensu d to verbally verify if the results l e information on the weekend log I, and the DON at 4:40 PM, all re led they were required to call the to ensure any stat laboratory ord required to document the inform sh began on [DATE]Interview of service for nurses who would be urses were required to call the fa ad been completed and the result would begin on Saturday, [DATE ing meeting, which was a part of sident Rights with a posttest, rev s reviewed and the laboratory pol J, with RN #2 at 4:43 PM, RN #5 M, State Registered Nurse Aide (6 SRNA #16 at 2:28 PM revealed t	re any stat laboratory orders had b had been received by the facility. ⁷ g beginning [DATE]Interviews of vealed they had attended an in-ser facility when on call on Saturday ers had been ordered, and the resu iation on a weekend lab-monitorin conducted with the Administrator taking administrative call on week cility at 9:00 AM, 1:00 PM, 5:00 F s were on the resident's medical re i,]. The Administrator stated she we the Quality Assurance program ealed all employees had attended 1 ticy in-service was added to the ne 0 at 2:38 PM, Licensed Practical N SRNA) #8 at 2:24 PM, SRNA #10 hey had attended an in-service on	een conducted. If any were The weekend Nurse on conducted on [DATE], with RN vice by the Administrator and Sunday at 9:00 AM, Its returned. The g tool as part of the on [DATE], at 4:30 PM, kends on [DATE]. The PM, and 9:00 PM to cord. The ould be reviewing the An in-service roster dated the in-serviceReview of w hire orientation. Urse (LPN) #3 at 2:46 PM, LPN a tause and resident rights and
F 0428		terview conducted with the SDN	on [DATE], at 12:55 PM, reveale	
Level of harm - Immediate	and report any irregularities to **NOTE- TERMS IN BRACKET	the attending doctor.	ROTECT CONFIDENTIALITY** facility's contract with the pharma	
Residents Affected - Few	the facility failed to ensure the pr Nursing (DON) in order for the r	armacist reported irregularities to eports to be acted upon for one (1	o the attending physician and to the) of thirty-four (34) sampled resid ident #8's May 2014 monthly Phys	e Director of ents (Resident #8).
	to 11.6 seconds), and the INR wa not completed until 07/02/14 (sev was 85.1 seconds (73.5 seconds a Laboratory report revealed the re [DATE], was placed on telemetry was no evidence the pharmacist I as ordered by the physician. The significant medication errors cau- the facility. Immediate Jeopardy Resident Assessment (F282), 42 scope and severity of J. Substand was notified of the Immediate Jee which alleged removal of the Imm Jeopardy was removed on 07/24/ (F329), 42 CFR 483.60 Pharmac; monitors the effectiveness of sysi facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's contract with the pharm (RPh) would review the drug reg facility's a doministrator, Medical admitted Resident #8 on 09/07/11 physician's orders [REDACTED]. J increased to 6 milligrams every n seconds with the normal range be Further review of laboratory resu basis as ordered. Review of labor recent tests on 05/12/14, and the 7.0 (5.9 above the reference rang laboratory report revealed a Regi laboratory report so fthose reside revealed the RPh had reviewed th a to the hospital on [DATE], place revealed the RPh had reviewed to a to the hospital on [DATE], place revealed the RPh had reviewed to a to the hospital on [DATE], place revealed the RPh had reviewed to a to the hospital on [DATE], place revealed the RPh had reviewed to a to the hospital on 07/24/14, and physician that the weekly PT she would have expected the pharmad rad reg irregularities as the result of the resident #8 was go mistakenly drug regimen reviews at he had ordered for Resident #8 ha at 2:30 PM, revealed the pharmat of a monthly drug regimen reviews at he had ordered for Resident #8 has at 2:30 PM, revealed the pharmat	s 2.2 (reference range 0.9 to 1.1). ren weeks after the previous PT/I bove reference) and the INR was sident's PT and INR at that time v , and diagnosed with [REDACT] and notified the physician or the L facility's failure to ensure residen sed, or was likely to cause, seriou was determined to exist on 05/19. CFR 483.60 Pharmacy Services (ard Quality of Care was identified pardy on 07/18/14. An acceptable nediate Jeopardy on 07/24/14. Or 14, as alleged, which lowered the y Services (F428), and 42 CFR 48 emic changes and quality assurar acy entitled, Pharmacy Consultan imen of each resident is the facili Director, the resident's physician, 2 with a [DLAGNOSES REDACT] .#8 was to receive 6 milligrams of Normalized Ratio (INR) (laborato n addition, the physician gave a v ight. Review of Resident #8 revealed the Iz atory reports revealed a PT and II resident's PT was 85.1 seconds. (T) existent's PT was 85.1 seconds. (T) existent's PT was 85.1 seconds (T) existent's PT was 85.1 seconds (T) in telemetry, and was diagnose the medication regimen for Reside didentified and/or notified the resident's hospital. Review of the hospital T on telemetry, and was diagnose the medication regimen for Reside didentified and/or notified the fact that ctor of Nursing on 07/18/14 at 1: and INR that had been ordered by macist to notify her. Interview of an. According to the Medical Dir the facility to notify him of any of and INR that had been ordered by the facility to notify him of any of and NIR that had been ordered by macist to notify her. Interview of an. According to the Medical Dir the facility to notify him of any of and not been completed as ordered ist conducted drug regimen roview or Resident #8 on 05/19/14 and 0 f any drug irregularities or that thu ucced as ordered by the physician. The facility implemented the foll TED]. Resident #8 had a PT witl ing to expire on 07/31/14 so shet us to 07/31/14 through 07/31/14 so shet vith INR order in the system for F as not being drawn during change. was obtained On 06/30/14 to obt ry	aled the resident's PT was 24.6 sec However, the next PT with an IN NR had been obtained on 05/12/14 7.0 (5.9 above the reference rangy was Critical. Resident #8 was adm ED].#8's medical record on 05/19/ DON that the resident's PT and INI ts received adequate drug monitor is njury, harm, impairment, or dea (14 at 42 CFR 483.25 Quality of C F428), and 42 CFR 483.25 Quality of C at 42 CFR 483.25 Quality of C an e Allegation of Compliance (AOC 0 07/25/14, the State Survey Agen scope and severity to D at 42 CFF 83.75 Administration (F490 and F; and would report in writing any , and the DON. Record review rev 'ED]. Further review of Resident <i>f</i> of Coumadin (anticoagulant) every ry tests to check for bleeding time erbal order dated 05/12/14 for the oratory records dated 05/12/14 rev t was 2.2 with the normal range be aboratory testing had not been con NR was conducted on 07/02/14, sc 3.5 seconds above the reference ra d both levels were Critical. A hand sident's physician of the abnormal ecord for Resident #8 revealed the d with (REDACTED). Review of 1 mt #8 on 05/19/14 and 06/26/14. Ht dministrator, DON, Medical Direc to a conducted as prescribed for Resi ducted monthly medication regime coagulant). The RPh stated he had mortly basis and the pharmacist in the resident had not had a PT with 15 PM revealed she had not receiv y Resident #8 physician had not 1 conducted as prescribed for Resi ducted monthly medication regime to a conducted with the Ma ecor, he expected the pharmacist v. The Administrator stated the pha macistant the wee had monthly basis and the pharmacist v. The Administrator stated the pha macistant with INR weekly. The lab day, which was 7/1/14. The P1 7.0. The physician was notified by insison. Resident #8 km admitted ordered by the physician are at ris	R for Resident #8 was 4) and the resident's PT e). Review of the itted to the hospital on 14 and 06/26/14. However, there R had not been obtained ing and was free from th to residents in 'are (F329). At CFR 483.20 uistration (F490 and F520 at a re (F329). The facility 1) was received on 07/24/14, cy determined the Immediate R 483.25 Quality of Care 520) while the facility e: Review of the ealed the Pharmacist ' irregularity to the ealed the facility f8's medical record revealed ' night, and a Prothrombin b) every week. Review of resident's Coumadin to be vealed the PT was 24.6 ing 0.9 to 1.1 seconds. upleted on a weekly even weeks after the most ange) and the INR was 1 written note on the lab results and resident was admitted the Medication Regimen Review lowever, there was no tor, or the resident's ident #8. Interview on reviews, and reviewed not recorded Resident h INR completed since red any communication been done. The DON stated edical Director revealed that conducted the skly PT and INRs that ministrator on 07/18/14, was to notify her of any armacist had conducted te Administrator, the Resident #8's table Allegation of ediate Jeopardy: -Resident #8 2/14, the lab noted that the PT dlab System. She system unit hat date; //01/14. The Unit Manager <i>vas</i> notified by the Unit Unit Manager put the PT f with INR was drawn on y the LPN and new orders to the hospital from

TEMENT OF TCIENCIES D PLAN OF RECTION (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING IDENTIFICATION NUMBER (X3) DATE SURVEY COMPLETED 07/25/2014 4E OF PROVIDER OF SUPPLIER YERSVILLE NURSING AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP 571 PARKWAY DRIVE SALYERSVILLE, KY 41465 9 ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 0428 (continued from page 8) Consultant provided an in-service for the DON and Staff Development Nurse on the lab policy on 07/19/14, prior to providing	DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391
 BE OF PROVIDER OF SUPPLIN THERT ADDRISS, CITY, STATE. 20P PERSYLLE KNURSING ADD BETALABLITTATION CENTRE STI PARKWAY DRIVE MANARY STATEMENT OF DEFICIENCIES (GLCR) DEPREDENT MUST BE PRECEDED BY FULL REGULATORY ON MERTY TAGE SUMMARY STATEMENT OF DEFICIENCIES (GLCR) DEPREDENT MUST BE PRECEDED BY FULL REGULATORY ON MERTY TAGE OT ADDRIFT ADD	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	/ CLIA IDENNTIFICATION NUMBER	A. BUILDING	ION	(X3) DATE SURVEY COMPLETED
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ered farm-inner ends mit seven the intervence for the DON and Staff Development Nurse on the lab policy on (77):914, for the provide mit selected and the sevence of the intervence of the DON and Staff Development Nurse, and lab the level Mangers, will be mit selected and the sevence of the DON as well as provide and the sevence of the intervence of the intervence of the intervence of the DON as well as provide elucation on those changes. Also stated in the letter from (77:22) 4 is the expectation that is a bacactary and intervence path is all the facility of the sevence of the DON as well as provide elucation on those changes. Also stated in the letter from (77:22) 4 is the expectation the origin bacactary of the Could State State State (17) 4 is the sevence of the Dones of the DON as well as provide elucation on those changes. Also stated in the letter from (77:22) 4 is the expectation the origin bacactary of the Could Neurosci elucation on the sevence of the Dones of the DON as well as provide elucations can be changes. Also stated in the letter from (77:22) 4 is the independence of the DON as well as provide elucations can be changes. Also stated in the letter from (77:22) 4 is the provide and protocol in (7) 1914. Hypert the provide in an envice of the letter of the Dones of the DON as well as the origin of the DON as well as the DON as the DON as well as the DON as the DON as well as the DON as well as the DON as the DON as the DON as well as the DON as well as the DON as the DON as well as the DON as the DON as the DON as well as the DON as well as the DON as the DON as the DON as well as the DON as th	X4) ID PREFIX TAG			NCY MUST BE PRECEDED B	Y FULL REGULATORY
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Sinten Affected - Few developed to ensure that laberatory cases are drawn as ordered by the physical mini that the results are received in a trady compared to the host and trady compared to host and the	Level of harm - Immediate	an in-service to Licensed Nursing	s Staff and Unit Managers. All of t	the nurses, as well as the Unit Ma	nagers, will be
capacitation is that for any changes in measing a lab order or any other changes to the laboratory systel in their from 1722-11 is the the float any was also expected during their meanthy addits to provide the Administrator and DON with a labor of the second energy the laboratory yas and the second energy the laboratory and the second energy the laboratory and the second energy the laboratory of the laboratory system intering. A lab policy and protocol wise developed by the Quality Assurince tenum on (7) 1914 is to be used for all laboratory its the second energy the second energy the laboratory system intering stating and protocol with a second energy the laboratory system intering stating and protocol with a second energy the laboratory system intering stating and protocol with a second energy the laboratory system intering stating and protocol with a second energy the laboratory system intering stating and with the perting the changes of the laboratory intering stating and the second energy of the laboratory system intering stating and with the perturbed on work prior to receiving this chance in the laboratory is the receivage the laboratory statis with a second energy of the laboratory system interview in the second energy of the laboratory statis with a second energy of the laboratory statis with the second energy of the laboratory statis with a second energy of the laboratory statis with a second energy of the laboratory statis with a second energy of the laboratory st		been developed to ensure that lab	oratory tests are drawn as ordered	by the physician and that the resu	ilts are received in a
 capectation that no laboratory audior will rereve any labs at all, the facility will be responsible for that. The laboratory was allow expected multiple thermonolity and data between the Advantimatory and DAV with a laboratory test. This new policy and protocol inducibles the steps to task straining from reacring all hostners of order all laboratory test. This new policy and protocol inducibles the steps to laboratory order all the vary to perturg the monitor of 71 / 714. Is the evaluation of 21 / 714. Is the step of the step o	Residents Affected - 1 Cw	expectation is that for any change	es in renewing a lab order or any o	ther changes to the laboratory sys	tem they must notify
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jobicy and protocol includes the steps to take stating from receiving a laboratory order all the way to getting the results and monitoring for timelines. "The Regimmed Name Consultation is nearcicel the DON and the Statt Evelopment Name as well as the unit managers will be checked on the new hat policy and protocol during orientation. No iso checked and the line policy and protocol during orientation. No iso checked and the line policy and protocol during orientation. No iso checked and the unit managers will be checked on the line block and protocol during orientation. No iso checked and the line of the line policy and protocol during orientation. No iso checked and the line policy and protocol during orientation. No iso checked and the line policy and protocol during orientation. No iso checked and the line provided or policy and protocol completion of documentation. Physicano order (REDACTED). The Unit Man were frawn per physicano order, my issues identified were addressed and alken through AG and the completion of the state of the line provided or physicano and the state that the yare davan time provided. Quality Assignment, and the cases that they are davan time provided or davan as ordered and results have been received and results have been received and results have been received and they are davan time addressed. How they are davan time addressed. How they are davan time addressed. How they are davan time addressed and the physician and they are davan time addressed. How they are davan time addressed and they well as a davan as ordered and results have been received and they are davan time addressed. The Administrater and/or DON or developmed and results are received and results are received and results are received and results. The well have the advance and they are davan they are davan time addressed. The Administrater and/or DON or developmed and they well as a transformed and they are davan time addressed. How they are davan time addressed and they addressed and they aresults are addressed and th		those orders expiring in the upcor	ming month so that they could ren	ew the lab orders in the laboratory	y system timelyA lab
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the root cause has been determined to be lack of use of the care plan as a communication tool to licensed nursing staff. -Licensed Nursing staff will be in-serviced on the comprehensive care plan use in directing resident care by 7/21/14.		-Licensed Nursing staff will be in	-serviced on the comprehensive ca	are plan use in directing resident	care by 7/21/14.
In-services will be conducted by the Staff Development Nurse, DON or designee. In-services will include documentation		In-services will be conducted by	the Staff Development Nurse, DO	N or designee. In-services will in	clude documentation

ENTERS FOR MEDICARE	& MEDICAID SERVICES		FORM APPROVED
TATEMENT OF DEFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/25/2014
AME OF PROVIDER OF SU	185221 PPLJER	STREET ADDRESS,	CITY, STATE, ZIP
	AND REHABILITATION CENT		IVE
or information on the nursing	home's plan to correct this deficiend	cy, please contact the nursing home or the state survey a	
X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PRE MATION)	CEDED BY FULL REGULATORY
F 0428	(continued from page 9)	· · · ·	
Level of harm - Immediate jeopardy	Staff Development Nurse. Six (6) will be educated before they are a	ns on the care plans. All new hires will be educated dur licensed staff members have not been in-serviced due t llowed to return to workOne hundred percent (100%) the Regional Nurse Consultant as necessary on 07/20/1	o vacation, or sick leave and they of all anti-coagulant care plans
Residents Affected - Few	care plans have been reviewed an MDS, Unit managers, Dietary Ma assure that Resident #8 had receiv	d/or updated for labs on 07/21/14 by members of the ca anager, Social ServicesThe Administrator did not have yed labs per physician ordersThe Regional Director of	re planning team including the DON, e sufficient lab protocols in place to Operations or the Clinical Nurse
	assure that Resident #8 had receiv Consultant will be in the building oversight. After the facility has al oversight throughout the survey p follows: -Review of the laborator 85.1 for the PT and the INR resul revealed Resident #8's physician v sent to the hospitalInterview con ont received his/her PT with INR: 06/30/14 she notified Resident #8 and received an order to obtain w notified of the results, and the res. 07/22/14, at 2:00 PM, revealed dt #8's PT with INR order in the con for 07/01/14, instead of 05/19/14, revealed a posttest had been comp DON and Staff Development Nur resident rights, and care plansIn attended an in-service on 07/19/1- and care plans. The DON and SDD 07/25/14, at 4:15 PM, with the Re both the DON and the SDN on 07 to them providing an in-service to the in-service provided by the DC 07/25/14, at 4:15 PM, with the RN both the DON and the SDN on 07 to them providing an in-service to 07/25/14, with RN #2 at 4:43 PM at 2:02 PM, State Registered Nur PM, and SRNA #16 at 2:28 PM a conducted on 07/25/14, with RN 2:56 PM, and LPN #6 at 2:02 PM how to put a laboratory order into sent to the laboratory order had been rapiration, and that the facilit Administrator and the DON of an Administrator on 07/25/14, with RN ?PM, LPN #5 at 2:56 PM, LPN #6 07/22/14, of all residents' laborator -Review of an audit completed by to ensure laboratory orders had be conducted on 07/25/14, with RN ?? PM, LPN #5 at 2:56 PM, LPN #6 07/22/14, of all residents' laborator -Review of an audit completed by to ensure the laboratory test was due fo on 07/25/14, with RN #2 at 4:43 PM ensure the laboratory test was due fo on 07/25/14, with RN #2 at 4:43 PM ensure the laboratory test was due fo on 07/25/14, with RN #2 at 4:43 PM ensure the laboratory test was due fo on 07/25/14, with RN #2 at 4:43 PM ensure the laboratory calendars been completed as ordered by the weekend to take Administrative c RN #2, and RN #9 reveal		¹ Operations or the Clinical Nurse dy to provide facility ' to provide management nmediate Jeopardy was removed as 07/02/14 with the results being #8 dated 07/02/14, at 5:41 PM, ith INR, and the resident was 9:05 AM, revealed Resident #8 had 14 physician orders. The RN stated on 1NR laboratory test as ordered 17/02/14, the resident's physician was ory Corporate Manager on ratory Auditor had updated Resident advertently set the new start date ed by the facility on 07/19/14, ster dated 07/19/14, revealed the Consultant on the lab policy, neglect, 5/14, at 4:40 PM, revealed they had d protocol, abuse, resident rights, rsing staffInterview conducted on bible for providing an in-service to sident rights, and care plans prior aled 43 facility nurses attended nsInterviews conducted on 6 at 2:46 PM, LPN #5 at 2:56 PM, LPN #6 SRNA #14 at 2:11 PM, SRNA #15 at 2:11 de resident rightsInterviews urse (LPN) #3 at 2:46 PM, LPN #5 at lab policy and protocol regarding requiredReview of the letter by laboratory orders that were o immediately notify the spireInterview conducted with the rator had notified the laboratory ity expected the Laboratory ders were nearing expiration. 2/14, of all residents' laboratory orders tad been completedInterviews icensed Practical Nurse (LPN) #3 at 2:46 d all assisted in completing an audit on dered by the physician and the atory calendars were conducted at 12:50 PMInterviews conducted on rs to monitor laboratory orders not and the DON at 4:40 PM, revealed they ing to ensure laboratory orders not and the DON at 4:40 PM, revealed they ing to ensure laboratory orders not and the DON at 4:40 PM, revealed they ing to ensure laboratory orders not and the DON at 4:40 PM, revealed they ing to ensure laboratory orders had aled a nurse was scheduled every 107/221/14, and attended by the DON, on Saturday and Sunday at 9:00 AM, 1. If any were ordered, the RN was end Nurse on Call was required ted on 07/25/14, with RN #2 at 4:43 rvice by the Administrator on Saturday and Sunday at 9:00
	revealed she had conducted an in- Administrator stated the on-call n ensure all stat laboratory orders h Administrator stated the process v	service for nurses who would be taking administrative urses were required to call the facility at 9:00 AM, 1:00 ad been completed and the results were on the resident's would begin on Saturday, 07/26/14. The Administrator s ing meeting, which was a part of the Quality Assurance	call on weekends on 07/22/14. The PM, 5:00 PM, and 9:00 PM to s medical record. The stated she would be reviewing the
	07/20/14, regarding Abuse and Ro of a new hire in-service syllabus v -Interviews conducted on 07/25/1 LPN #5 at 2:56 PM, LPN #6 at 2: 2:11 PM, SRNA #15 at 2:15 PM, and had also completed a posttest in-service for staff on the lab poli -Review of a list of Quality Assur	scient Rights with a posttest, revealed all employees haves was reviewed and the laboratory policy in-service was a 4, with RN #2 at 4:43 PM, RN #9 at 2:38 PM, Licensec 02 PM, State Registered Nurse Aide (SRNA) #8 at 2:24 and SRNA #16 at 2:28 PM revealed they had attended Interview conducted with the SDN on 07/24/14, at 12 cy and protocol, abuse, resident rights, and the required rance Team Committee members was conductedRevie n 07/22/14, revealed the facility had reviewed all reside	d attended the in-serviceReview dded to the new hire orientation. I Practical Nurse (LPN) #3 at 2:46 PM, I PM, SRNA #10 at 2:00 PM, SRNA #14 an in-service on abuse and resident rights :55 PM, revealed she had provided usage of the care plans. wo of an audit completed by the DON, RN
	laboratory orders had been compl RN #8 at 2:30 PM, RN #9 at 2:38 Quality Assurance Committee an the Quality Assurance program. T lab policy and protocol, care plan used. The staff stated they would dated 07/19/14, 07/20/14, 07/21/1 the Regional Nurse Consultant or	eted as ordered by the physicianInterviews conducted PM, DON at 4:40 PM, and the Administrator at 4:30 P d attended meetings daily Monday through Friday durin The staff revealed they developed and reviewed educatic s, and the abuse and resident rights in-service, as well a also be reviewing the audit toolsReview of Quality A 14, 07/22/14, 07/23/14, 07/24/14, and 07/25/14, which h the Regional Director of Operations, was conductedI orate Nurse Consultant and the Regional Director of Op	on 07/25/14, with RN #2 at 4:43 PM, M, revealed they were all part of the g the morning meeting which was part of on in-services and policies for the s the audit tools that will be ssurance morning meeting minutes ad all been reviewed and signed by nterviews conducted on 07/25/14, at erations, revealed they had reviewed

(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY
IDENNTIFICATION NUMBER 185221	À. BUILDING B. WING	COMPLETED 07/25/2014
	STREET AD	DRESS, CITY, STATE, ZIP
AND REHABILITATION CENT		AY DRIVE ILLE, KY 41465
home's plan to correct this deficient	cy, please contact the nursing home or the state	survey agency.
		BE PRECEDED BY FULL REGULATORY
(continued from page 10)	recording options colort thereast revealed the re-	aident had a core alon intervention to
obtain a PT with INR as ordered	by the physicianReview of Care Plan Protocol	staff were informed where care plans were
care plans would be updated with roster dated 07/21/14, regarding t provided education on the Care P	any change in condition that would impact a re- he Care Plan Protocol attended by licensed nurs lan Protocol as well as required to take a posttes	sident's careReview of an in-service ing staff revealed the nurses were stInterviews conducted on 07/25/14,
NOTE- TERMS IN BRACKET	'S HAVE BEEN EDITED TO PROTECT CON	FIDENTIALITY
Diagnostic test results-Clinical Pr	otocol, and the Administrator's position description	tion, it was determined the facility's
practicable physical, mental, and The facility admitted Resident #8 [REDACTED].#8's physician's orders [REDACTED] 05/12/14; however, the next PT w	psychosocial well-being of one (1) of thirty-fou on 09/07/12 with [DIAGNOSES REDACTED] #8 as ordered. Review of laboratory reports rev ith INR had not been conducted until 07/02/14,	r (34) sampled residents (Resident #8).]. A review of the physician's orders vealed a PT with INR had been conducted on a timeframe of seven weeks. Review of the
laboratory report for the PT and I resident was transferred and admini- conducted with the Administrator laboratory tests used to monitor R since 05/12/14, even though it hau Managers and DON were present Unit Managers were required to r notified of the incident, the facilit any other resident records, includ administered in a manner that ena practicable physical, mental, and harm, impairment, or death to res 483.25 Quality of Care (F329), 47 483.25 Quality of Care (F329), 47 compliance (AOC) was received severity to D at 42 CFR 483.25 Q (F490 and F520) while the facility findings include: Review of the A revealed the Administrator was re current federal, state, and local g degree of quality care can be prov Administrator's responsibility to c care services delivered. Review o would evaluate medications to de result, or had achieved the therapp Review of the facility's policy titl 2010, revealed the physician wou needs. The policy revealed nursin the laboratory. Review of the con not specify an amount of time at v laboratory would furnish to the fa Medical record review revealed th of the monthly May 2014 physici 05/12/14; however, no further PT seconds (73.5 seconds above the T range of 0.9 to 1.1). According to revealed on 07/02/14, at 5:41 PM results and the resident was transj resident's hospital record revealec his/her vital signs, and the physic orducted with the Administrator ordered by the physician since 05 Administrator stated the pharmac for Resident #8 had not been conn 06/30/14 that the laboratory tests resident's physician. According to conducted notified the DON on 0 laboratory requests to ensure they	NR conducted on 07/02/14 revealed Resident #8 tted to a hospital, placed on telemetry, and diag revealed the Director of Nursing (DON) inforn tesident #8's [MEDICATION NAME] use had r d been ordered to be conducted on a weekly bas on 07/01/14, when the incident was discussed. nonitor laboratory tests to ensure the tests were of y had not conducted staff in-services related to 1 ing physician orders [REDACTED]. [REDACTE bled it to use its resources effectively and effici psychosocial well-being for its residents caused idents in the facility. Immediate Jeopardy was d 2 CFR 483.20 Resident Assessment (F282), 42 C F520) at a scope and severity of J. Substandard he facility was notified of the Immediate Jeopar on 07/24/14, which alleged removal of the Imm the Immediate Jeopardy was removed on 07/24 uality of Care (F329), 42 CFR 483.60 Pharmac; duministrator's Position Description dated and si sponsible for directing the day to day functions idelines and regulations that govern nursing fac vided to residents at all times. The position desc insure excellent care was maintained for residen f an undated facility policy titled, Medication A termine if a resident had an adverse consequenc eutic drug level (within the desired level), or a le di dentify and order diagnostic and laboratory order wou cility the results of all routine tests as outlined i react between the laboratory order wou cility the results of all routine tests as outling on 9/ al's orders (REDACTED].#8's laboratory result which a physician's routine laboratory order wou cility the results of all routine tests as outlined i the facility staff notified the resident's physician of ported to a hospital for further evaluation and tre fearence range of 9.5 to 11.6 seconds) and his/r the laboratory report, both levels were Critical. , facility staff notified the resident's physician of ported to a hospital for further evaluation and tre fearence range of 9.5 to 11.6 seconds) and his/r the laboratory report, both levels were Critical. , facility staff notified t	8's PT and INR levels were Critical, and the nosed with [REDACTED]. Interview ned her on 07/01/14 that the routine not been conducted as ordered by the physician is. The Administrator stated the Unit According to the Administrator, because the done and were present when the DON was the incident and had not monitored [ED]. The facility's failure to ensure it was ently to attain or maintain the highest , or was likely to cause, serious injury, eltermined to exist on 05/19/14 at 42 CFR (Quality of Care was identified at 42 CFR dy on 07/18/14. An acceptable Allegation of nediate Jeopardy on 07/24/14. On 07/25/14, the /14, as alleged, which lowered the scope and y Services (F428), 42 CFR 483.75 Administration s and quality assurance activities. The gned by the Administrator on 02/12/13, of the facility in accordance with illities to assure that the highest ription also revealed it was the tts by overseeing and monitoring patient diministration, revealed the nursing staff e such as an abnormal laboratory test evel that was too high or too low. tocol, with a revision date of October testing based on diagnostic and monitoring rrange for the tests to be completed by ed 10/02/06, revealed the contract did uld expire. The contract revealed the n the physician's orders [REDACTED]. 7/12, with a [DIAGNOSES REDACTED]. Review s revealed a PT with INR had been conducted on t which time the resident's PT was 85.1 ner INR was 7.0 (5.9 above the reference Documentation in the Nursing Notes f the elevated PT and INR laboratory eatment. Documentation in the AATE], placed on telemetry to monitor e [MEDICATION NAME] Toxicity. Interview of Nursing (DON) had informed her on ATTION NAME] use had not been can for Resident #8 and contacted the ed the laboratory tests attract stated a Unit Manager had learned on cian for Resident #8 and contacted the ed the laboratory tests had not been nagers, who were responsible to monitor the strator, because the Unit Managers were
records, including physician orde aware laboratory orders would ex the facility and the laboratory. Ho laboratory testing orders did not ef facility provided an acceptable Al to remove the Immediate Jeopard 5/12/14. On 06/12/14, the lab not renew the lab in the Medlab Systs order out of the system until that 05/12/14 until 07/01/14. The Unit The physician was notified by the weekly. The Unit Manager put th 7/1/14. The PT with INR was dra notified by the LPN and new ord was admitted to the hospital from physician are at risk. The Regiona	rs [RÉDÁCTED]. In addition, the Administrator pire in the computer system after 400 days nor v wever, when the Administrator became aware o xxpire and laboratory tests were obtained as orde llegation of Compliance (AOC) on 07/24/14. Th y: -Resident #8 had a physician's orders [REDA et that the PT with INR for Resident #8 was goi em. She mistakenly changed the start date to 07/ date; therefore, there would be no PT with INR t Manager and a clarification order was obt e PT with INR in the Medlab computer system t wn on Resident #8 on 7/2/14. The PT was 85.1 07/02/14 to 07/04/14All residents who were t	r stated that prior to 07/01/14 she was not was that information in the contract between no 07/01/14, no action was taken to ensure ered by residents' physicians. **The the facility implemented the following actions CTEDJ. Resident #8 had a PT with INR drawn on ing to expire on 07/31/14, which deleted the order in the system for Resident #8 from ot being drawn during changeover on 6/30/14. ained 0n 06/30/14 to obtained a PT with INR to be drawn on the next lab day, which was seconds and the INR was 7.0. The physician was nospital for direct admission. Resident #8 to have routine labs ordered by the b DON and Staff Development Nurse on the
	185221 JPPLIER AND REHABILITATION CENT AND REHABILITATION CENT Commething the correct this deficient SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM (continued from page 10) #8's Comprehensive Plan of Care obtain a PT with INR as ordered 1 located at each nursing station, ar care plans would be updated with roster dated 07/21/14, regarding t provided education on the Care P with RN #2 at 4:43 PM, RN #9 at *NOTE- TERMS IN BRACKET Based on observation, interview, Diagnostic test results-Clinical PF Administration failed to ensure it practicable physical, mental, and The facility admitted Resident #8 REDACTEDJ.#8's physician's orders (REDACTED) 05/12/14, isowever, the next PT w laboratory report for the PT and I resident was transferred and admi- 	185221 JPPLIER STREET AD AND REHABILITATION CENTER 571 PARKW SALYERSY SALYERSY g home's plan to correct this deficiency, please contact the nursing home or the state SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST OR LSC IDENTIFYING INFORMATION) (continued from page 10) #8's Comprehensive Plan of Care regarding anticoagulant therapy revealed the re with RN as ordered by the physicianReview of Care Plan Protocol located at each nursing station, and staff were required to follow the plans of care care plans would be updated with any change in condition that would impact a re roster dated 07/21/14, regarding the Care Plan Protocol attended by licensed nurse provided education on the Care Plan Protocol as well as required to take a posttee with RN #2 at 4:43 PM, RN #9 at 2:38 PM, Licensed Practical Nurse (LPN) #3 a be administered in an acceptable way that maintains the well-being of ea **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROECT CON Based on observation, interview, record review, review of facility policies entitle Diagnostic test results-Clinical Protocol, and the Administrator's position descrip Administration failed to ensure its resources were used effectively and efficiently practicable physical, mental, and psychosocial well-being of one (1) of thirty-fou The facility admitted Resident #8 on 09/07/12 with [DIAGNOSES REDACTED]

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/7/2014 FORM APPROVED OMB NO 0028 0201
TATEMENT OF EFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/25/2014
ME OF PROVIDER OF SU		STREET A	DDRESS, CITY, STATE, ZIP
LYERSVILLE NURSING	AND REHABILITATION CENT	TER 571 PARK SALVERS	WAY DRIVE VILLE, KY 41465
r information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the stat	
X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		T BE PRECEDED BY FULL REGULATORY
F 0490	(continued from page 11)		
Level of harm - Immediate jeopardy Residents Affected - Few	with a list of names for those order laboratory system timelyA lab all laboratory tests. This new poli all the way to getting the results a the Staff Development Nurse on t -All licensed nursing staff as well	cy and protocol includes the steps to take star nd monitoring for timelinessThe Regional T the lab policy and protocol on 07/19/14, befor as the unit managers will be educated on the	ey could renew the lab orders in the ality Assurance team on 07/19/14 to be used for ting from receiving a laboratory order Nurse Consultant in-serviced the DON and e they in-serviced the licensed nursing staff.
	orientation. No licensed nursing s nursing staff had not received the in-service to the six employees b all labs on 07/22/14 to ensure lab QA. Based on the information prr (REDACTED]The Unit Manag drawn for the rest of the year on i book prior to the morning meetin as ordered and results are receive designee will monitor use of the 1 ensure that laboratory tests have 1 ensure that laboratory tests have i addressed. Routine laboratory test in-serviced on the weekend lab- ra facility on Saturday and Sunday a stat laboratory tests have been ori- facility on Saturday and Sunday a stat laboratory tests have been ori- the family have been notified and monitoring log beginning this upp reporting abuse. Education will b 07/20/14. No agency is used at th Development NurseAll staff wi Nurse or designee with a complet during general orientation by the contracted staff. This includes Ac Director, and the Dietary Directoo members reviewed the education have been taught to staff by the D before they in-serviced the Licen: of in-services received, and copy 07/19/14 and completed on 07/20 Quality Assurance Committee de the physician and results were rec ongoing. The Unit Managers will sheet before morning meetings, M well as the laboratory tests were o During the morning meetings, M well as the laboratory calendar to received. Any issues identified w laboratory tests ordered, the Nurs and receivedQuality Assurance a week and PRN for review of da physician order, any abnormal lal Assurance Committee members v abnormal lab results found witho PRN for thirty (30) days or additi then monthly thereafter or as need comment, recommend, and/or app reviewed Resident #8's medical r (the pharmacy's computerized sys orders (REDACTED). During the laboratory tests, which placed all Consultant stated that he was resi in AugustThe Administrator dr pharmacist's monthly review, the Administrator caled and syoke w must exit with the Administrator	taff will be permitted to work prior to receivin in-service because of vacation and sick leave fore they return to workAdministrative Nur s were drawn per physicians order; any issues ovided, Quality Assurance follow-up included ers will have a laboratory calendar, which has t. They will compare the laboratory calendar t gs Monday through Friday to ensure that they d as well as family and physician notification aboratory book five (5) days a week, Monday been drawn as ordered and results have been r ts are performed Monday through Thursday ionitoring log on 07/22/14 by the Administrati t 9 AM, 5 PM, and 9 PM to see if any stat lab lered they will verbally verify that the results if any new orders have been received. They v coming weekendAll staff has been in-service e conducted by DON, Staff Development Nur e facility. All new hires will be educated duri II be in-serviced on Resident Rights. Educatio ion date of 07/20/14. No agency staff are usec Staff Development NurseThe Quality Assu Iministrator, DON, Unit Managers, Staff Deve e. Contracted membership includes the Medici on fatesting for efficacy of the training. Staff in- /14. Staff retained copies of all in-service in of testing for efficacy of the training. Staff in- /14. Staff retained copies of all in-service mat veloped a policy on 07/19/14 to validate that I eviced and followed up on timely per policy pr compare the laboratory calendar to the laboratory verify they match. The Unit Manager will the drawn as listed, results have been received, an onday through Friday, the Administrator, DON ensure that laboratory tests have been drawn a ill be corrected immediately. This practice bet e on Call will call the Administrator or DON i Meetings will be held with two (2) or more te ta to ensure compliance including: any finding or esults found without physician notification, vill review data (any findings of laboratory test at the pharmacy results have been having thei e audit, the pharmacy review for Resident gring and someone else would be doing	ng this education. Six (6) licensed ; however, the facility will provide rsing Staff completed a 100 percent audit of identified were addressed and taken through l completion of documentation, Physician order s all routine laboratory tests scheduled to be to the laboratory tests in the laboratory match and to ensure that they are drawn timely as needed. The Administrator and/or DON or a through Friday, in the morning meeting to eturned to the facility and have been The Nurse on the rotating call schedule was or. The Weekend Nurse on Call will call the boratory tests were ordered on the weekend. If have been received and the physician and will write this down on the weekend lab ed on abuse, the definition of abuse, and se or designee with a completion date of ng general orientation by the Staff m will be conducted by DON, Staff Development d the facility. All new hires will be educated rance Committee consists of facility and elopment Nurse, Social Services, Activities al DirectorThe Quality Assurance Committee s created were reviewed by Quality Assurance and in-serviced by the Regional Nurse Consultant nclude signatures of attendance, signature service education was provided on terials for their useMembers of the Laboratory tests were obtained as ordered by rotocol. This was implemented 07/19/14 and is atory tests listed on the laboratory-tracking en follow up prior to the morning meeting to d they have been followed up on timely. N, or designee will check the Laboratory book as as aphysician ordered and results have been came effective 07/19/14. If any weekend stat and will audit any laboratory tests ordered eam members in attendance daily, five (5) days gs of laboratory tests not completed per or any critical lab resultsQuality sts not completed per physician order, any sults) minimally five (5) days a week and 1) time weekly until 09/12/14 or as needed; e Regional Direct of Operations will review, monitoring protocolThe Pharmacy Consultant macist notd
	before their next regular review to drug-to-drug interactions, and rec must exit with the Administrator the facility with a hard copy of th educationThe Administrator an and look at the consultant reports reports in the pharmacy computer The Administrator and DON will reports are on the computer. Whe computer to the hard copy pharm	o ensure they assess the following areas: moni commended drug alternatives. The education v and/or DON upon completion of their review e consultant reports. The Pharmacy Consultant d DON now have access to the pharmacy con- as well as any notes that had been made. The system when they become available after the check the computer system daily after the pha- n the reports are available on the computer that acy reports to ensure that they match. Any issi	itoring labs for critical levels, will also include that the Pharmacy Consultant to go over the consultant reports and provide at will be required to sign verification of pputer system effective 07/23/14, so they can go in Administrator and DON will review the Pharmacy Consultant has completed his exit. armacy consultant has exited to see if the e Administrator and DON will compare the ues found will be addressed through quality
	Consultant's report monthly to see will be addressed through quality labs are ordered, the Nurse on Ca weekend lab tests ordered and rec ordered, at least monthly. Howev the physician or as care planned f anticoagulant therapy the root cat licensed nursing staffLicensed 1 resident care by 7/21/14. In-servi include documentation required f general orientation by the Staff D vacation, or sick leave and they w all anti-coagulant care plans were hundred percent (100%) of the ca planning team including the DON sufficient lab protocols in place to	assurance and taken to quality assurance mee Il will call the Administrator or DON and will evicedResident #8 has a care plan for antico: er, the PT with INR laboratory tests for Resid rom 05/12/14 to 07/02/14Based on the fact tse has been determined to be lack of use of th Nursing staff will be in-serviced on the compr ces will be conducted by the Staff Developme or the use of interventions on the care plans. A evelopment Nurse. Six (6) licensed staff mem vill be educated before they are allowed to retu- reviewed and/or updated by the Regional Nu- re plans have been reviewed and/or updated fi	d to identify any issues found. Any issues found etings for follow-upIf any weekend stat I document any labs on the audit tool for the agulants, which stated to obtain a PT/INR as ent #8 were not drawn weekly as ordered by that the Care Plan was not followed for the care plan as a communication tool to rehensive care plan use in directing nt Nurse, DON or designee. In-services will All new hires will be educated during bers have not been in-serviced due to urn to workOne hundred percent (100%) of rs e Consultant as necessary on 07/20/14One of labs on 07/21/14 by members of the care cial ServicesThe Administrator did not have r physician ordersThe Regional Director

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2014
JAME OF PROVIDER OF SU	185221 IPPLIER	STREET ADDRESS, CIT	Y, STATE, ZIP
ALYERSVILLE NURSING	AND REHABILITATION CENT	TER 571 PARKWAY DRIVE SALYERSVILLE, KY 41	465
		cy, please contact the nursing home or the state survey agence	
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORM		ED BY FULL REGULATORY
For information on the nursing (X4) ID PREFIX TAG F 0490 Level of harm - Immediate jeopardy Residents Affected - Few	SUMMARY STATEMENT OF E OR LSC IDENTIFYING INFORM (continued from page 12) jeopardy to provide facility oversight Jeopardy was removed as follows with the results being 85.1 for the 07/02/14, at 5:41 PM, revealed R and the resident was sent to the he revealed Resident #8 had not rece orders. The RN stated on 06/30/1- laboratory test as ordered and reci- resident's physician was notified of Corporate Manager on 07/22/14, had updated Resident #8's PT wit the new start date for 07/01/14, in facility on 07/19/14, revealed R PT wit the new start date for 07/01/14, in facility on 07/19/14, revealed the DON and 1 lab policy, neglect, resident rights PM, revealed they had attended a abuse, resident rights, and care pl -Interview conducted on 07/25/14 providing an in-service to both thi rights, and care plans prior to then revealed 43 facility nurses attendo plansInterviews conducted on 07/25/14 providing an in-service to both thi rights, and care plans prior to then revealed 43 facility nurses attendo plansInterviews conducted on 07/25/14 providing an in-service to both thi rights, and care plans prior to then revealed 43 facility nurses attendo plansInterviews conducted on 07/25/14 providing an in-service to both thi rights, and care plans prior to then revealed 43 facility nurses attendo plansInterviews conducted on 07. 2:46 PM, LPN #5 at 2:56 PM, LP SRNA #14 at 2:11 PM, SRNA #15 at 2:1 resident's indoratory's General 1 update any laboratory orders in the laboratory orders in the aboratory orders that were near en- immediately notify the Administr -Interview conducted with the Ad notified the laboratory's General 1 update any laboratory orders to enso been completedInterviews conducter aistend in completing an audit or ordered by the physician and the avected the Laboratory orders to enso been completedInterviews conducter calendars to monitor laboratory or repuring to check laboratory orders the laboratory orders to the laboratory orders the laboratory calendars were cor at 2:50 PMInterviews c	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECED MATION) ight. After the facility has abated the immediate jeopardy, the throughout the survey process at least weekly. **The survey : - Review of the laboratory reports for Resident #8 revealed. PT and the INR results being 7.0 Review of the Nurse's Nc esident #8's physician was notified regarding the results of th spitalInterview conducted with Registered Nurse (RN) #2 ived his/her PT with INRs weekly as was ordered by the phy 4 she notified Resident #8's physician that the resident had nn eived an order to obtain weekly PT with INR. A PT with INF of the results, and the resident was sent to a hospitalIntervie at 2:00 PM, revealed during her monthly review of laboratory h INR order in the computer, which was set to expire on 07/3 stead of 05/19/14Review of the Laboratory Policy and Pro steats had been completed by all facility nursesReview of 7 staff Development Nurse (SDN) attended an in-service by th and care plansInterview conducted with the DON and the n in-service on 07/19/14, by the Regional Corporate Nurse on ans. The DON and SDN stated they had then provided the in- it, at 4:15 PM, with the Regional Nurse Consultant revealed si e DON and the SDN on 07/19/14, related to the lab policy an providing an in-service to the nursing staffReview of the 2 d the in-service provided by the DON and SDN on the lab policy 1 a laboratory order into the computer, the tracking process, a sboratory dated 07/22/14, avealed they had attended an in- 1 a laboratory order into the computer, the tracking process, a sboratory dated 07/22/14, arevealed the laboratory service was xpiration, and that be facility would do all renewals. The lat ator and the DON of any changes or any laboratory orders th ministrator on 07/25/14, with RN #2 at 4:43 PM, RN #8 at 2:30 PM (and LPN #6 at 2:02 PM. LPN #6 at 2:02 PM, and He DON 1 07/22/14, of all residents' laboratory calendars verye moi 1 07/22/14, of all residents' laboratory calendars were d	ED BY FULL REGULATORY will be in the facility ors validated the Immediate a PT with INR dated 07/02/14 tes for Resident #8 dated e resident's PT with INR, on 07/18/14 at 9:05 AM, sician in the May 2014 physician ot received a PT with INR was completed on 07/02/14, the ww with the laboratory orders, the Laboratory Auditor 1/14, and had inadvertently set tocol developed by the an in-service roster dated e Regional Nurse Consultant on the SDN on 07/25/14, at 4:40 1 the lab policy and protocol, service to the nursing staff. ne had been responsible for d protocol, abuse, resident in-service orster policy and protocol and care d Practical Nurse (LPN) #3 at 2:24 PM, SRNA #10 at 2:00 PM, ded an in-service on abuse, and, Licensed Practical Nurse (LPN) ervice related to the lab policy nd documentation required. not to renew any oratory was required to at were about to expire. M, revealed the Administrator had that the facility whose laboratory orders were N #10 on 07/22/14, of all hysician revealed all had M, RN #9 at 2:38 PM, Licensed at 4:40 PM, revealed they had all lers had been completed as he results reported to the results reported to the instrator on 07/25/14, at ning in the Quality Assurance -Review of the Nurse on Call of an in-service by the tend On-Call Nurse was required to re any stat laboratory orders was required to the any stat laboratory orders had ment the information on a (14Interview conducted with s who would be taking : required to call the facility any stat laboratory orders had ment the information on a (14Interview conducted with s who would be taking : required to call the facility any stat laboratory orders had ment the information on a (14Interview conducted with s who would be taking : required to call the facility any stat laboratory orders had ment the information on a (14Interview conducted with s who would be taking : required to call the facility any stat laboratory orders had ment the information on a (1
	programAn in-service roster da had attended the in-serviceRevi was added to the new hire orienta Practical Nurse (LPN) #3 at 2:46 PM, SRNA #10 at 2:00 PM, SRN an in-service on abuse and resident r at 12:55 PM, revealed she had pro- required usage of the care plans an audit completed by the DON, 1 residents' laboratory orders to ensi conducted on 07/25/14, with RN	a udits every Monday in the morning meeting, which was a p ted 07/20/14, regarding Abuse and Resident Rights with a po wo of a new hire in-service syllabus was reviewed and the la tionInterviews conducted on 07/25/14, with RN #2 at 4:43 PM, LPN #5 at 2:56 PM, LPN #6 at 2:02 PM, State Register (A #14 at 2:11 PM, SRNA #15 at 2:15 PM, and SRNA #16 at ights and had also completed a posttest, -Interview conducted ovided in-service for staff on the lab policy and protocol, abu Review of a list of Quality Assurance Team Committee men RN #2, RN #8, RN #9, and RN #10 on 07/22/14, revealed the ure laboratory orders had been completed as ordered by the p #2 at 4:43 PM, RN #8 at 2:30 PM, RN #9 at 2:38 PM, DON art of the Quality Assurance Committee and attended meetin	sttest, revealed all employees boratory policy in-service PM, RN #9 at 2:38 PM, Licensed dd Nurse Aide (SRNA) #8 at 2:24 2:28 PM revealed they had attended l with the SDN on 07/24/14, se, resident rights, and the bbers was conductedReview of facility had reviewed all hysicianInterviews t 4:40 PM, and the Administrator at
F 0520 Level of harm - Immediate jeopardy Residents Affected - Few	during the morning meeting whic education in-services and policies in-service, as well as the audit too -Review of Quality Assurance mo Set up an ongoing quality as deficiencies quarterly, and deve **NOTE- TERMS IN BRACKET Based on interview, record review was determined the facility failed deficiencies and failed to develop of thirty-four (34) sampled reside completed on a weekly basis. On NAME] dosage from 6 milligram	hart of the Quality Assurance Committee and attended meetin to the lab policy and protocol, care plans, and the abuse and stat will be used. The staff stated they would also be revie pring meeting minutes dated 07/19/14, 07/20/ sessment and assurance group to review quality lop corrective plans of action. S HAVE BEEN EDITED TO PROTECT CONFIDENTIAL w, and review of the facility's policy entitled, Quality Assessin to maintain a Quality Assessment and Assurance Committee and implement appropriate plans of action to correct identifi ints (Resident #8). Review of the May 2014 Physician order [05/05/14, the physician gave staff a verbal order to decrease s daily to 5 milligrams a day. Review of laboratory results da ith a reference range of 9.5 to 11.6 seconds. The INR was 2.2	Ied they developed and reviewed resident rights wing the audit tools. ITY** nent and Assurance Plan, it that identified quality ed deficiencies for one (1) REDACTEDJ. time, to be Resident #%5 [MEDICATION ted [DATE], revealed the

CENTERS FOR MEDICARE &	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/7/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185221	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/25/2014
AME OF PROVIDER OF SU		STREET ADDRESS, CITY, ST	ATE, ZIP
ALYERSVILLE NURSING	AND REHABILITATION CENT	TER 571 PARKWAY DRIVE SALYERSVILLE, KY 41465	
0	1 1	cy, please contact the nursing home or the state survey agency.	VELLI DECLILATORY
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED B MATION)	I FULL REGULATOR I
F 0520	(continued from page 13) range of 0.9 to 1.1 seconds. Furth	er review of the laboratory results for Resident #8 revealed after 05	$\frac{1}{12}$, the facility
Level of harm - Immediate jeopardy	failed to obtain a PT and INR for been obtained), at which time the	Resident #8 until 07/02/14 (a timeframe of seven weeks after the p resident's PT was 85.1 seconds (73.5 seconds above the normal rat	revious PT and INR had age of 9.5 to 11.6
	been obtained), at which time the seconds) and his/her INR level w the PT and INR levels obtained o notified of the abnormal lab resul telemetry and diagnosed with [RI conducted on a weekly basis (for to develop and implement approp deficiency to prevent medication irregularities to the physician and ensure each resident maintained t (Refer to F282, F329, F428, and) free from significant medication of residents in the facility. Immediat (F282), 42 CFR 483.25 Quality o (F490 and F520) at a scope and s (F329). The facility was notified received on 07/24/14, which alleg Survey Agency determined the In D at 42 CFR 483.25 Quality of C and F520) while the facility would Assurance Program designed to n include: Review of the facility would Assurance Program designed to n and resolve identified problems. ' Assessment and Assurance Progr revealed the facility admitted Res monthly physician's orders [RED Review of Resident #8's PT with reference range of 9.5 to 11.6 sec Continued review of the laborator completed as ordered by the phys was 85.1 seconds (73.5 seconds a reference range of 0.9 to 1.1 seco Critical. Review of Resident #8's and Resident #8 was transported a dmitted to on 07/02/14, placed o with the Director of Nursing (DD for the facility. The DON stated e had not been conducted as orderer by the physician, had According to the DON, she and ti ducated on the omission of labor the pharmacist had not notified he been conducted as ordered by the DNN stator, because the Unit Managers, who were ress was ordered by the physician, had According to the DON, she and ti Unit Manager notified the DON of Administrator, because the Unit Manager was ordered by the physician, had According to the DON, She and ti Unit Manager notified the DON of Administrator, because the Unit MR o that a PT with 1NR was not being clarification order was obtained 0 Mediab computer system to be dr 7/2/14. The PT was 85.1 seconds transfer Resident #8 to the hospiti 07/04/14All residents who were provided an in-service for the DC in-service	resident's PT was 85.1 seconds (73.5 seconds above the normal "a as 7.0 (5.9 above the normal range of 0.9 to 1.1). Review of the lab 07/02/14 were Critical. Review of the Nurse's Notes revealed Re is on 07/02/14 were Critical. Review of the Nurse's Notes revealed Re is to 07/02/14 were Critical. Review of the Nurse's Notes revealed Re is DACTED]. Interview revealed the facility 's failure to identif' the Director of Nursing, and the facility's failure to be administer highest practicable physical, mental, and psychosocial wellbeing F490.) The facility's failure to ensure residents received adequate d errors caused, or was likely to cause, serious injury, harm, impairm is eloopardy was determined to exist on 05/19/14 at 42 CFR 483.20 f Care (F329), 42 CFR 483.60 Pharmacy Services (F428), and 42 CFR of the Immediate Jeopardy on 07/24/14 as alleged, which low are (F329), 42 CFR 483.60 Pharmacy Services (F428), and 42 CFR of the Immediate Jeopardy on 07/24/14 as alleged, which low are (F329), 42 CFR 483.60 Pharmacy Services (F428), and 42 CFR of the Immediate Jeopardy on 07/24/14 as alleged, which low are (F329), 42 CFR 483.60 Pharmacy Services (F428), and 42 CFR or tors the effectiveness of systemic changes and quality assurance ac obicy titled, Quality Assessment and Assurance Plan, with a revisis develop, implement, and maintain an ongoing, facilitywide Quality nonifor and evaluate the quality of resident care, pursue methods to The policy revealed the Administrator was responsible for ensuring an complied with federal, state, and local regulatory agency requir ident 48 on 09/07/12, with a [DIAGNOSES REDACTED]. Review (ACTED]. Review of Resident 478 hysician's on the IRENACTEI INR results, which were dated 05/12/14, revealed the resident's PT onds and the resident's INR level was 2.2, with a reference range o' y results for Resident 478 hysician's and the INR was 7 nols). According to the lab report dated 07/02/14, the resident's PT onds and the resident's INR level was 2.14, with a reference range y results of	age of 9.5 to 11.6 oratory report revealed ident #8's physician was e was placed on PT and INR had not been and, as a result, failed ct the identified y and report drug d in a manner to g of each resident. rug monitoring and was ent, or death to Resident Assessment FR 483.75 Administration 483.25 Quality of Care of Compliance (AOC) was n 07/25/14, the State ered the scope and severity to twities. The findings on date of December * Assessment and improve care quality, the facility's Quality ements. Record review y of Resident #8's May 2014 D]. to 6 milligrams every night. was 24.6 seconds, with a '0.9 to 1.1. ekly lab testing had been e resident's PT level .0 (5.9 above the and INR levels were abnormal lab results 1 the resident was foxicity. Interview conducted puality Assurance Program atory tests (PT and INR) op lace. The DON stated d been completed as it boratory tests. they had been sufficiently '18/14, at 2:30 PM that TION NAME] use had not o identify that the inistrator stated the tagers. According to the of the laboratory tests for ored any other .llegation of Compliance dy: -Resident #8 had a he lab noted that the PT with System. She mistakenly that date; therefore, the Unit Manager and a uut the PT with INR in the frawn on Resident #8 on rew orders were received to om 07/02/14 to onal Nurse Consultant or to providing an gers, will be tocol. New protocol has alts are received in a ing that the minimum atem they must notify rom 07/22/14 is the iat. The h a list of names for y system timelyA lab
	results and monitoring for timelir on the lab policy and protocol on as well as the unit managers will Nurse or designee. All new nursin nursing staff will be permitted to the in-service because of vacation before they return to workAdm labs were drawn per physicians o provided, Quality Assurance follo will have a laboratory calendar, w it. They will compare the laboratt Monday through Friday to ensure received as well as family and ph	teps to take starting from receiving a laboratory order all the way t tessThe Regional Nurse Consultant in-serviced the DON and the 07/19/14, before they in-serviced the licensed nursing staffAll lib be educated on the new lab policy and protocol by 7/20/14, by the l g hires will be educated on the lab policy and protocol during orie work prior to receiving this education. Six (6) licensed nursing staff and sick leave; however, the facility will provide in-service to the inistrative Nursing Staff completed a 100 percent audit of all labs or rder; any issues identified were addressed and taken through QA. E w-up included completion of documentation, Physician order [RE] which has all routine laboratory tests scheduled to be drawn for the i pry calendar to the laboratory tests in the laboratory book prior to the that they match and to ensure that they are drawn timely as ordere system notification as needed. The Administrator and/or DON or d	Staff Development Nurse ensed nursing staff DON, Staff Development ntation. No licensed f had not received six employees n 07/22/14 to ensure ased on the information DACTED]The Unit Managers rest of the year on he morning meetings d and results are esignee will monitor use
	have been drawn as ordered and r are performed Monday through T lab-monitoring log on 07/22/14 b	ys a week, Monday through Friday, in the morning meeting to ensu esults have been returned to the facility and have been addressed. I hursdayThe Nurse on the rotating call schedule was in-serviced y the Administrator. The Weekend Nurse on Call will call the facil 1 to see if any stat laboratory tests were ordered on the weekend. If	Routine laboratory tests on the weekend ity on Saturday and

ENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:10/7/2014 FORM APPROVED
TATEMENT OF EFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/25/2014
ME OF PROVIDED OF SU	185221	CTDEET ADDEES	CITY STATE ZID
ME OF PROVIDER OF SU LYERSVILLE NURSING	PPLIER AND REHABILITATION CENT	STREET ADDRESS, TER 571 PARKWAY DR	
r information on the nursing	home's plan to correct this deficient	SALYERSVILLE, K cy, please contact the nursing home or the state survey a	
X4) ID PREFIX TAG	1	DEFICIENCIES (EACH DEFICIENCY MUST BE PRE	<u> </u>
F 0520	OR LSC IDENTIFYING INFORM (continued from page 14)	MATION)	
Level of harm - Immediate jeopardy Residents Affected - Few	have been ordered they will verba notified and if any new orders hav this upcoming weekendAll staff will be conducted by DON, Staff facility. All new hires will be edu in-serviced on Resident Rights. E date of 07/20/14. No agency staff Staff Development NurseThe Q Administrator, DON, Unit Manag Contracted membership includes	ally verify that the results have been received and the ph we been received. They will write this down on the week f has been in-serviced on abuse, the definition of abuse, Development Nurse or designee with a completion date cated during general orientation by the Staff Developmen ducation will be conducted by DON, Staff Developmen are used the facility. All new hires will be educated dur huality Assurance Committee consists of facility and cor- gers, Staff Development Nurse, Social Services, Activiti the Medical DirectorThe Quality Assurance Committee committee constant were reviewed by OMENT and the Assurance Committee committee constant were reviewed by OMENT.	end lab monitoring log beginning and reporting abuse. Education of 07/20/14. No agency is used at the ent Nurse All staff will be t Nurse or designee with a completion ing general orientation by the ntracted staff. This includes es Director, and the Dietary Director. ee members reviewed the education
	Administrator, DON, Unit Manag Contracted membership includes material on 07/19/14. The educati the DON and Staff Development Licensed Nursing Staff. Recordso (copy of testing for efficacy of the 07/20/14. Staff retained copies of developed a policy on 07/19/14 to received and followed up on time will compare the laboratory calen meetings to verify they match. Th tests were drawn as listed, results meetings, Monday through Friday laboratory calendar to ensure that Any issues identified will be corri laboratory tests ordered, the Nursi and receivedQuality Assurance a week and PRN for review of da physician order, any abnormal lat Assurance Committee members w abnormal lab results found withou PRN for thirty (30) days or additi then monthly thereafter or as need comment, recommend, and/or ap reviewed Resident #8's medical rd (the pharmacy's computerized sys orders [REDACTED]. During the laboratory tests, which placed all Consultant on 07/18/14, who had Consultant stated that he was resi, in AugustThe Administrator at facility with a hard copy of the co- before their next regular review th drug-to-drug interactions, and rec must exit with the Administrator an and look at the consultant reports reports in the pharmacy computer The Administrator and DON will reports are on the computer. Whe computer to the hard copy of hthe consultant's report monthly to see will be addressed through quality labs are ordered, the Nurse on Ca weekend lab tests ordered and reco verterd, at least monthly. Howevy the physician or as care planned fa aticcoagulant therapy the root caa licensed nursing staffLicensed 1 resident care by 7/21/14. In-servic include documentation required ff anticoagulant therapy the root can licensed nursing staffLicensed 1 resident care by 7/21/14. In-servic include documentation rowersight Jeopardy vas removed as follows with the results being 85.1 for the 07/02/14, at 5:41 PM, revealed Re revealed Resident #8 had not rece orders. The RN stated on 06/30/14, had updated Resident #8 had not rece or	ers, Staff Development Nurse, Social Services, Activiti	es Director, and the Dietary Director. ee members reviewed the education ce and have been taught to staff by nsultant before they in-serviced the ure of in-services received, and 1/9/14 and completed on Duality Assurance Committee by the physician and results were and is ongoing. The Unit Managers ng sheet before morning g meeting to ensure that laboratory timely. During the morning aboratory book as well as the and results have been received. 9/14. If any weekend stat 1dit any laboratory tests ordered ters in attendance daily, five (5) days atory tests not completed per tical lab resultsQuality pleted per physician order, any mally five (5) days a week and tekly until 09/12/14 or as needed; Direct of Operations will review, protocolThe Pharmacy Consultant ed on the 06/26/14 review in Omniview INR drawn weekly per physician's DN NAMEJ or other blood thinning 4 spoke with the current Pharmacy onsulting for the facility starting 107/23/14, stating that during the for [REDACTED]On 07/21/14, the 14 to him that the pharmacy Consultant eports are ready and provide the 2ducate the Pharmacy Consultant the consultant reports and provide equired to sign verification of em effective 07/23/14, so they can go in rator and DON will review the / Consultant has completed his exit. nsultant has exited to see if the trator and DON will compare the will be addressed through quality DON will review the Pharmacy y any issues found. Any issues found low-upIf any weekend stat tany labs on the audit tool for the which stated to obtain a PT/INR as e not drawn weekly as ordered by are Plan was not followed for n as a communication tool to care plan use in directing DON or designee. In-services will es will be educated during not been in-serviced due to kOne hundred percent (100%) of Itant as necessary on 07/20/14One (07/21/14) members of the care esThe Administrator did not have n ordresThe Regional Director ity has abated the immediate y, they will be i

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:10/7/2014 FORM APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/25/2014		
NAME OF PROVIDER OF SU	185221 JPPLIER	STREET ADD	DRESS, CITY, STATE, ZIP		
ALYERSVILLE NURSING	AND REHABILITATION CEN		AY DRIVE LLE, KY 41465		
	· · · · · · · · · · · · · · · · · · ·	cy, please contact the nursing home or the state s			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST F MATION)	3E PRECEDED BY FULL REGULATORY		
F 0520 Level of harm - Immediate	(continued from page 15) plansInterviews conducted on 07/25/14, with RN #2 at 4:43 PM, RN #9 at 2:38 PM, Licensed Practical Nurse (LPN) #3 at 2:46 PM, LPN #5 at 2:56 PM, LPN #6 at 2:02 PM, State Registered Nurse Aide (SRNA) #8 at 2:24 PM, SRNA #10 at 2:00 PM,				
jeopardy Residents Affected - Few	resident rightsInterviews condu- #3 at 2:46 PM, LPN #5 at 2:56 P and protocol regarding how to pu -Review of the letter sent to the la laboratory orders that were near 6 immediately notify the Administi -Interview conducted with the Ad- notified the laboratory of General update any laboratory orders in the expected the Laboratory Auditor nearing expirationReview of ar residents' laboratory orders to em- been completedInterviews cond Practical Nurse (LPN) #3 at 2:46 assisted in completing an audit on ordered by the physician and the physician as necessaryReview documented all laboratory orders the laboratory calendars were con at 2:50 PMInterviews conducte calendars to monitor laboratory or required to check laboratory order schedule revealed a nurse was so: Administrator date 07/22/14, an call the facility on Saturday and 5 had been conducted. If any were the facility. The weekend Nurse 6 -Interviews conducted on 07/25/14, at administrator and 07/25/14, at administrator and the results retu weekend lab-monitoring tool as p the Administrator on 07/25/14, at the staed she would be reviewing the programAn in-service roster da had attended the in-serviceRev was added to the new hire orientt Practical Nurse (LPN) #3 at 2:46 PM, SRNA #10 at 2:00 PM, SRN an in-service on abuse and resident fa tatify change of the care plans. an audit completed by the DON, residents' laboratory orders to em- conducted on 07/25/14, with RN 4:30 PM, revealed they were all p during the morning meeting white education in-services and policie in-service, as well as the audit to -Review of Quality Assurance m 07/25/14, which had all been revi was conducted -Interviews cond Director of Operations, revealed through 07/25/14. The Regional 0 in-service, as well as the audit to -Review of Quality Assurance m 07/25/14, which had all been revi	rights and had also completed a posttestIntervie ovided in-service for staff on the lab policy and p -Review of a list of Quality Assurance Team Cor RN #2, RN #8, RN #9, and RN #10 on 07/22/14, sure laboratory orders had been completed as ord #2 at 4:43 PM, RN #8 at 2:30 PM, RN #9 at 2:33 part of the Quality Assurance Committee and attee th was part of the Quality Assurance program. Tf s for the lab policy and protocol, care plans, and i ols that will be used. The staff stated they would orning meeting minutes dated 07/19/14, 07/20/14 iewed and signed by the Regional Nurse Consult ucted on 07/25/14, at 4:45 PM, with the Regiona they had reviewed and signed all daily Quality A Corporate Nurse Consultant stated she had been i view of Resident #8's Comprehensive Plan of Ca vention to obtain a PT with INR as ordered by the	9 at 2:38 PM, Licensed Practical Nurse (LPN) ended an in-service related to the lab policy neg process, and documentation required. / service was not to renew any wals. The laboratory was required to ory orders that were about to expire. DN at 4:40 PM, revealed the Administrator had tructed them that they were to no longer tory updates, and that the facility all residents whose laboratory orders were N #9, and RN #10 on 07/22/14, of all lered by the physician revealed all had #8 at 2:30 PM, RN #9 at 2:38 PM, Licensed hd the DON at 4:40 PM, revealed they had all esidents on their unitObservations of M, Peach Wing at 2:45 PM, and the Green Wing #9 at 2:38 PM, revealed they used the sciedents on their unitObservations of M, Peach Wing at 2:45 PM, and the Green Wing #9 at 2:38 PM, revealed they used the ed. The RNs also revealed they were ssusurace meeting and were required to cited with the Administrator on 07/25/14, at ars every morning in the Quality Assurance ie physicianReview of the Nurse on Call allReview of an in-service by the aled the weekend On-Call Nurse was required to 1PM, to ensure any stat laboratory orders rify if the results had been received by in on the weekend log beginning 07/26/14. In dthe DON at 4:40 PM, all revealed they had they were required to call the facility M, to ensure any stat laboratory orders had itred to document the information on a gan on 07/26/14Interview conducted with fice for nurses who would be taking I nurses were required to call the facility ad been completed and the results were on n Saturday, 07/26/14. The Administrator which was a part of the Quality Assurance hts with a posttest, revealed all employees ed and the laboratory policy in-service N #2 at 4:43 PM, RN #9 at 2:38 PM, Licensed tate Registered Nurse Aide (SRNA) #8 at 2:24 SRNA #16 at 2:28 PM revealed they had attended ew conducted with the SDN on 07/24/14, protocol, abuse, resident rights, and the mmittee members was conductedReview of revealed the facility had reviewed all lered by the phy		
FORM CMS-2567(02-99)	Event ID: YL1011	Facility ID: 185221	If continuation sheet		