DEPARTMENT OF HEALTH CENTERS FOR MEDICARE of			PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015
NAME OF PROVIDER OF SU SIGNATURE HEALTHCAR	PPLIER E OF PIKEVILLE	260 SOUTH MA PIKEVILLE, K	X 41501
(X4) ID PREFIX TAG	1	cy, please contact the nursing home or the state sur EFICIENCIES (EACH DEFICIENCY MUST BE MATION)	
F 0157 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	of situations (injury/decline/roo **NOTE- TERMS IN BRACKET Based on interview, record review member for one (1) of thirty (30) Review of the medical record for Cardiopulmonary Resuscitation (required CPR prior to leaving the The findings include: Review of the facility's policy title the facility would notify a residen condition. Review of the medical record for REDACTED]. Review of the Nun level was documented as being ei percent. The Nurse's Notes stated According to the medical record, Note dated [DATE], at 5:00 AM, resident's condition that occurred Resident #18's room where the re the resident was sent to the acute further change in condition that re	d Change in a Resident's Condition or Status, with t's representative promptly with any changes in the Resident #18 revealed the facility admitted the resi se's Notes for Resident #18 dated [DATE], at 4:30 ghty-six percent (86%) with a normal range being the resident agreed for the facility to send him/her the resident's son was listed as the resident's respor revealed the nurse notified the resident's physician at that time. The Nurse's Notes revealed on [DATE sident was unresponsive, CPR was initiated immed care hospital. However, there was no documented of quired CPR prior to the resident being transferred	DENTIALITY** facility failed to notify the family thad a significant change in condition. hospital on [DATE], at 5:25 AM with the family was notified that Resident #18 a revision date of [DATE], revealed e resident's medical or mental dent on [DATE], with [DIAGNOSES AM, revealed the resident's oxygen saturation ninety-Five (95) to one hundred (100) to the acute care hospital. nsible party. Review of a Nurse's and the family of the change in the E], at 5:25 AM, the nurse was called to liately, the ambulance service arrived, and evidence the family was notified of this to the hospital.
F 0226 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	initiated on Resident #18 at the fa family member, after the resident Several unsuccessful attempts wer for Resident #18 on [DATE]. Cal Interview with the Director of Nun family with any change in the res regarding CPR being performed a Develop policies that prevent mi resident property. **NOTE- TERMS IN BRACKET Based on interview, personnel rec facility failed to ensure the past ei (5) personnel records reviewed (F The findings include: Review of the facility's policy, Ab checks would be conducted on all Review of the personnel record or facility failed to check the past en a history of abuse, neglect, or mis Interview with the Administrator of	use, Neglect, and Misappropriation, revised March employees and volunteers. 04/15/15 at 3:00 PM for RN #2 revealed the empl ployment work history or personal reference check treatment of [REDACTED]. n 04/15/15 at 3:30 PM, revealed all new hires shot man Resources Director was responsible for comp	spital notified the resident's been initiated at the nursing facility. rse (LPN) #2, who was assigned to care 2:30 PM, and on [DATE] at 4:30 PM. f was required to notify a resident's amily should have been notified aving the facility. ft of DENTIALITY** I procedures, it was determined the completed upon hire for one (1) of five a 2013, revealed interviews and reference oyee's hire date was 08/26/14. However, the ks to ensure the employee did not have uld have reference checks completed.
F 0282 Level of harm - Immediate jeopardy Residents Affected - Some	**NOTE- TERMS IN BRACKET Based on observation, interview, r provide care and services in accor (Residents #11, #15, #16, and #17 revealed the resident had interven (REDACTED). Review of the plans of care for [M and #17 revealed the residents had int documented on the residents' Med according to physician's orders [R dispensing records revealed the fa physicians. Resident #11's fourter not reordered for up to thirty-seve went up to sixty-five (65) days be supply of [MEDICATION NAMI Resident #16's fifteen (15) day supply of [N F490, and F514). Review of the plan of care for Res [REDACTED]. However, nursing The facility's failure to have an eff plan of care was likely to cause so	as according to each resident's written plan of ca S HAVE BEEN EDITED TO PROTECT CONFIL ecord review and review of the facility's policy it v dance with the written plan of care for four (4) of t ') and one (1) unsampled resident (Resident A). Re tions in place that included giving medications as of EDICAL CONDITION] activity or at risk for [ME erventions in place that included administering me- lication Administration Records (MAR) that the re EDACTED]#15's medication and review of Resid cility failed to administer the residents' medication in (14) day supply of [MEDICATION NAME] (m (37) days; Resident #17's thirty (30) days betwee a [] (medication to prevent [MEDICAL CONDITIO MEDICATION NAME] went up to twenty-five (25 ident A revealed interventions to provide wound ca staff failed to provide the wound care and dressin evirus system in place to ensure care and services y erious injury, harm, impairment, or death. Immedia ent Assessment (F282), 42 CFR 483.25 Quality of	DENTIALITY** vas determined the facility failed to thirty (30) sampled residents view of the plan of care for Resident #11 ordered for the treatment of EDICAL CONDITION] for Residents #15, #16, dications as ordered. The facility sidents' medications were administered lents #11, #16, and #17's pharmacy medication is as ordered by the residents' edication to treat an abnormal heart beat) was of [MEDICATION NAME] [MEDICATION]) en refills for a thirty (30) day N] and treat some psychiatric disorders); and 5) days between refills (refer to F333, F425, are according to the play of care. were provided as per the resident's te Jeopardy was determined to exist on
LABORATORY DIRECTOR'S REPRESENTATIVE'S SIGNA		TITLE	(X6) DATE

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

CENTERS FOR MEDICARE & MEDICAID SERVICES				PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391	
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	185094				
NAME OF PROVIDER OF SUF	NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP				
SIGNATURE HEALTHCARE OF PIKEVILLE 260 SOUTH MAYO TRAIL PIKEVILLE, KY 41501					
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.					
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Y FULL REGULATORY		

F 0282	(continued from page 1)		
Level of harm - Immediate	(F425), and 42 CFR 483.75 Administra An acceptable Allegation of Complianc	e was received on 04/23/15, which alleged	
jeopardy	removed on 04/23/15, which lowered the	he Scope and Severity to an E at 42 CFR 4	ncy determined the Immediate Jeopardy was 83.20 Resident Assessment (F282), 42 CFR
Residents Affected - Some	while the facility monitors the effective	483.60 Pharmacy Services (F425), and, 4 ness of systemic changes and quality assur	2 CFR 483.75 Administration (F490 and F514) rance activities.
		ing the Care Plan, not dated, revealed the c	
	services to the resident. The policy furt	Il be available for staff personnel who hav her revealed the documentation must be co	onsistent with the resident's care plan.
	REDACTED].	ord revealed the facility admitted the resid	· -
	had an intervention in place to give me		ed date 12/19/14, revealed the resident
		spensing Records, dated 12/01/14 through	04/17/15, revealed Resident #11's [MEDICATION
	04/15/15 (dispensed on 12/10/14, 12/2)	/14, 01/28/15, 02/11/15, 02/25/15, 03/25/	
	of one hundred twenty-eight (128) table	ts were needed for staff to be able to admi	MEDICATION NAME] tablets; however, a total inister the resident's [MEDICATION NAME]
		ON NAME] laboratory level obtained on 0	1/05/15 and 04/03/15 revealed the resident's
		ord revealed the facility admitted the resid	lent on 10/23/98. The resident had
		CONDITION] Activity/At Risk for [MEDI	CAL CONDITION] care plan, revised 12/17/14,
	revealed the resident had an intervention to adm Paview of Pavident #17% April 2015 ph		
		spensing Records for Resident #17, dated	
	04/04/15		0-day supply) twice from 12/18/14 through
	medications as physician ordered in ord	of sixty (60) capsules. However, for staff t ler to follow the plan of care, one hundred lence to account for the forty-seven (47) ta	seven (107) capsules were required. There
	to administer the medication as physici	an ordered to follow the plan of care.	macy dispensed one hundred twenty (120)
	capsules of [MEDICATION NAME] 1		, on 02/20/15. However, the medication was not
		needed for administration for approximatel	
	The SSA's Pharmacist Consultant condu	cted a post survey review of the facility's	pharmacy dispensing records. Review of ed to receive [MEDICATION NAME] 250 mg, one
	tablet each morning and evening, which	had been in effect since $12/16/15$; the dot l Nurse Practitioner on $05/01/15$, as the ph	sage was verified via post survey phone
	citation narrative, the State Survey Age		ICATION NAME] was to be given only once
	dispensing records, that Resident #17 h	ad been provided two refills each of 30 tab hat each 30 tablet quantity was a 30-day si	blets (on 12/18/14 again on 01/28/15)
	only fifteen (15)-day supplies. The surv	eyor further noted that, from $12/18/14$ threen (107) tablets to achieve the required do	bugh 04/04/15, the resident would have
	However, because the daily dosage call	ed for two (2) tablets be achieve the required do t, or up to two-hundred and fourteen (214)	number of tablets for that time period
		that time period, there would have been a	shortage of approximately one-hundred and
		ord revealed the facility admitted the resid	lent on 09/05/14. The resident had
		CONDITION] activity/at risk for [MEDICA	AL CONDITION] activity care plan, revised
		n in place to administer medications as ord ders [REDACTED].	lered.
	Review of Pharmacy Medication Disper	using Records for Resident #16, dated 12/0	01/14 through 04/17/15, revealed the pharmacy 4/15. However, the medication was not refilled
	again until 02/18/15, approximately two	enty-six (26) days later. There was no docu en (11) days to ensure the medication was	amented evidence or explanation for the
	[REDACTED]. Review of the [MEDICATION NAME]	Acid laboratory values for Resident #16 r	evealed the [MEDICATION NAME] Acid level
	was sub-therapeutic on 04/03/15.	,	
		ord revealed the facility admitted the resid ay. The resident had a [DIAGNOSES RED	
	Review of Resident #15's [MEDICAL 0 02/22/15,	CONDITION] Activity/at risk for [MEDIC	AL CONDITION] Care Plan, revision date of
	Review of Resident #15's April 2015 ph	n in place to administer medications as oro ysician's orders [REDACTED]. Staff was	lered. to administer 5 ml of [MEDICATION NAME]
	every morning and 7.5 ml of [MEDICATION		
	dispensed to	spensing Records for Resident #15 reveale	ed 473 ml of [MEDICATION NAME] was
			bottle from the facility's medication cart revealed
	revealed the [MEDICATION NAME]		cording to the resident's physician's orders
	[MEDICATION NAME] to Resident #	15 as ordered by the resident's physician.	4/17/15 revealed staff documented they administered
	facility as they would not be able to rec	he Pharmacy Director revealed no additio rder the medication until they were out of	
			N) #5 on 04/16/15 at 11:55 PM, with RN #6 on
	PM, revealed that the resident's medica	tions were administered per the physician's	
	for a resident. The interview further rev	he Director of Nursing (DON) revealed fa ealed residents' medications should be adr	
		ident A revealed the facility admitted the r	resident on 04/07/15, with [DIAGNOSES
		view dated 04/08/15, revealed the resident	had a diabetic ulcer to the right foot
		d 04/15/15, revealed the resident had a dis	
	pressure with the wound type being an	open lesion located on the right outer dors	ai 1001. Further review revealed the Plan
FORM CMS-2567(02-99)	Event ID: YL1011	Facility ID: 185094	If continuation sheet

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AME OF PROVIDER OF SU IGNATURE HEALTHCAR			DRESS, CITY, STATE, ZIP MAYO TRAIL
or information on the pursing	home's plan to correct this deficien	PIKEVILLE	, KY 41501
(X4) ID PREFIX TAG	· ·	cy, please contact the nursing home or the state s DEFICIENCIES (EACH DEFICIENCY MUST I	
F 0282	(continued from page 2)	MATION)	
Level of harm - Immediate jeopardy Residents Affected - Some	Review of Resident A's physician Review of the five-day final repor 04/16/15 at 5:00 AM for LPN #3	lered; see current treatment record and physiciar 's orders [REDACTED]. t of the facility's investigation, dated 04/16/15, r to replace the dressing that had fallen off during d not replace the dressing and had instructed the	evealed Resident A had requested on the night. Further review of the
	completed until the wound care n Interview with LPN #3 on 04/20/1		d the dressing be replaced; however, it was
	Interview with the DON on 04/20 should be done according to the c		
	and replaced the resident's dressin		-
	actions to remove the Immediate 1) The Physician and Power of At identification of potential medica Nursing (ADONs), Staff Develop Nurse on Regional Nurse Consult Nurse on 04/20/15 for any signs a on all six (6) residents, the physic All six (6) residents' medications count was placed on each individ Nurse, Medical Records Nurse on 2) The physician and POAs for Re inappropriate documentation by t Regional Nurse Consultant on 04 04/20/15, for any signs and symp 3) All residents' medications were	torney (POA) for Residents #11, #13, #14, #15, tion errors by the Administrator, Director of Num ment Coordinator (SDC), Quality Assurances ((ant on 04/20/15. Residents #11, #13, #14, #15, # and symptoms of adverse reactions, with no issu- tian was notified of the results, and the residents' were counted and a medication reconciliation w ual pill packet and/or bottle of liquid medicine o Regional Nurse Consultant. scidents #11, #15, #16, and #17 were notified im	#16, and #17 were notified immediately upon rsing (DON), Assistant Director of QA)Nurse, Nursing Supervisor, Medical Records #16, and #17 were assessed by the ADONs or QA es identified. Laboratory levels were drawn 'care plans were updated, as needed. as completed for accuracy and a current n 04/20/15 by the DON, ADONs, SDC, QA mediately upon identification of rse, Nursing Supervisor, Medical Record's Nurse, on e-assessed by the ADONs or QA Nurse, on ied. pervisor, Medical Record's Nurse or Regional
	A new bottle of medications were counted, due to opacity of contain 4) All residents' charts were audit Coordinators, Nursing Superviso Record's Nurse or Regional Nurs	e requested and placed into service on 04/22/15 f ner. ed by the Administrator, Assistant Administrator r, Admissions, Social Services Director, Quality e Consultant by 04/22/15 for accuracy of the clir	or the liquid medications that could not be c, DON, ADONs, SDC, QA Nurse, MDS of Life, Dietary Manager, Chaplain, Medical nical records and that the records were
	 a. Social Services Quarterly Notes b. Activity Quarterly Notes not w c. Care plan updates-two (2) resid d. Behavior Management care pla 5) All residents' care plans were a 	n updates-two (2) residents udited by the Administrator, Assistant Administr	ents rator, DON, ADONs, SDC, QA Nurse, MDS
		r, Admissions, Social Services Director, Quality ultant by 04/22/15 to ensure all resident care plan	
	6) Education was provided to the Administrator, Plant Ops, Food S Coordinators, and Nursing Super administration policy and proced included following the care plan, well-being of each resident, and r	Administrator, HR, Med Record's Nurse, BOM, ervice Director, SSD, Central Supply, Housekee visors on 04/20/15 by the Regional Nurse Consu ure which included medication reconciliation. Tl administering care to ensure highest practical pl naintain clinical records in acceptable profession , readily accessible and systematically organizec	ping Supervisor, DON, ADONs, SDC, MDS ltant regarding the facility's medication ne care plan policy and the procedure tysical, mental, and psychosocial al standards and practices that were
	7) Education was initiated for lice 04/20/15 by the Administrator, A Medication Administration Policy to include following the care plar well-being of each resident, and n complete, accurately documented complete a post-test and score 10 the staff member will be re-educa	nsed staff, Kentucky Medication Aidés (KMAs) ssistant Administrator, Regional Nurse Consulta y and Procedure which included medication reco , administering care to ensure highest practical naintain clinical records in acceptable profession , readily accessible and systematically organizec 0% to ensure understanding of education/trainin, ited and a post-test re-administered until the staff	and State Registered Nurse Aides (SRNAs) on nt, DON, ADONs or the SDC regarding the onciliation, care plan policy and the procedure ohysical, mental, and psychosocial nal standards and practices that were 1. All clinical staff completed or will g provided. If 100% is not obtained then f member obtains 100% score to ensure
	education. Those clinical staff me sent a certified letter and were no 100% score obtained. As of 04/2: completed and 100% score obtain until 1:1 education with post-test contacted and will not be allowec education has been provided, eac ADONs, SDC, Nursing Supervis	rered. Clinical staff was not allowed to work price mbers that were on Family Medical Leave Act (t allowed to work until the education had been re 3/15, 60% of all licensed staff and clinical staff h ned; 15% have been contacted by phone, provide was completed, and, 100% score obtained. The i t owork until education with post-test has been h licensed nurse will complete a medication adm or, or Regional Nurse Consultant.	(FMLA), leave or work as needed (PRN) were eceived and a post-test completed with had been educated with post-test d education and notified that they cannot work remaining 25% were in the process of being completed and 100% score obtained. Once hinistration observation pass with the DON,
	8) Education regarding medication oversight, and complete and accu	n administration policy and procedure, care plan rate clinical records were included in the new hi 04/22/15 for medication reconciliation of reside	re orientation.
	a. One random nurse per day, per Records Nurse, MDS Coordinato administration, the resident's care	shift, will complete a medication pass observation rs, Nursing Supervisor or Regional Nurse Consu- plan was being followed and accurate along wit Records Nurse, MDS Coordinators, Nursing Sup	ltant to ensure compliance with medication
	medications of four (4) randomly was continued until immediacy w c. Nurses/KMAs received educati placing the discarded pill packets DON, ADONs, SDC, Medical Re ten (10) discarded packets/bottles medications, confirm reorder pro	on on 04/21/15 by the Regional Nurse Consultar /bottles in the bottom drawer of the medication of ecords Nurse, MDS Coordinators, Nursing Super per side compared to packets/bottles that were p cess and that the medications were being given p	nt, DON, ADONs, SDC, or Nursing Supervisor on cart when packet/bottle was finished. The rvisor or Regional Nurse Consultant audited, daily, put into service to reconcile
	to ensure an accurate date which (21), that could not be counted, d e. Reorder process below will con i) A nurse re-ordered medications administer.	ime and their initials on the side of any new mec will allow for accurate reconciliation. Those liqu ue to opacity of container, a new bottle was obta tinue until immediacy was lifted: via the ezMAR alert system when three (3) to for	tid medications, a total of twenty-one ined and placed in service by 04/22/15. (4) days of medication were left to
		rent medication bubble pack, the date of reorder the Refill Reminder Report from the ezMAR sys had actually been reordered.	
ob) (c) (c) as (5(00,00)		T	**

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IGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH PIKEVILLE	MAYO TRAIL 2, KY 41501
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state	survey agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST	BE PRECEDED BY FULL REGULATORY
F 0282	(continued from page 3)		
Level of harm - Immediate jeopardy	nightly medication manifest report medications that were reordered h		or stored in overflow to ensure
Residents Affected - Some	along with the scope of practice of by mouth (PO) or topical.	ed/trained on the medication administration poli of the KMA. KMAs will not administer or docur	ment administering any medications other than
	Records Nurse, QA Nurse, Nursi process system was intact and wi This process will continue for two determine ongoing frequency of r 11) Education was provided for L the Regional Nurse Consultant re 12) Medication pass audits were c nurses and KMAs by 04/22/15 to KMAs who had not completed a had been completed for shifts sch medication pass observation. 13) Administrative oversight of th President of Operations, or the Cl removal of immediacy, then mon 14) The Administrator, Assistant J. Regional Nurse Consultant audite twice weekly for four (4) weeks a follow-up as indicated. 15) A Quality Assurance meeting for removal of Immediate Jeopard recommendations and further foll **The State Survey Agency valid 1) Review of the medical records were notified of the potential meet revealed Residents #11, #13, #14 and symptoms of adverse reaction laboratory levels on all six (6) res updated as needed. The residents'	garding the above stated plan by 04/21/15. completed by the DON, ADON, SDC, Medical F ensure that medications were administered with medication pass observation were not allowed to eduled after 04/22/15. As of 04/24/15, 75% of a me facility was completed by the Special Projects hief Operating Officer daily until removal of imm	hief Nursing Executive, to ensure reorder nedications were administered as ordered. kekly QAPI meeting. The QAPI committee will sistant Administrator, DON, ADON, the SDC, or Records Nurse, or Regional Nurse Consultant for all nout significant medication error. Nurses or o work until the medication pass observations all nurses and KMAs had completed a s Administrator, the Regional Vice mediacy, weekly for four (4) weeks after perating Officer, Chief Nurse Executive or ations daily until removal of immediacy, then r (4)weeks, for recommendations and further or further recommendations regarding the plan weekly for four (4) weeks, then monthly for solows: evealed the residents' physicians and POAs er review of the medical records viso r the QA Nurse, on 04/20/15, for any signs uses identified. The facility obtained , and the residents' care plans were ng days by the facility: Resident #11 on lent #14 on 04/17/15, 04/17/15 and 04/19/15,
	Administrative Staff counted all s and a current count was placed or ADONS, SDC, QA Nurse, Medic 2) Review of the medical record r immediately upon identification of Supervisor, Medical Record's Nu revealed Residents #11, #15, #16 symptoms of adverse reactions, w 3) Review of the medication audit Record's Nurse or Regional Nurse Physician order [REDACTED]. O 04/22/15. 4) Review of the facility's audits r Administrator, DON, ADONS, SI (SSD), Quality of Life, Dietary Manager	six (6) residents' medications and a medication r each individual pill packet and/or bottle of liqu al Records Nurse or Regional Nurse Consultant evealed the physicians and POAs for Residents of inappropriate documentation by the Administ rse, or Regional Nurse Consultant on 04/20/15. , and #17 were re-assessed by the ADONs or Q/	econciliation was completed for accuracy uid medicine on 04/20/15 by the DON, #11, #15, #16, and #17 were notified rator, DON, ADONs, SDC, QA Nurse, Nursing Further review of the medical records A Nurse, on 04/20/15, for any signs and DN, ADON, SDC, Nursing Supervisor, Medical current medications, compared to the current of medication were placed into service on Administrator, Assistant pervisor, Admissions, Social Services Director
	were corrected by the facility staf 5) Review of the facility's audits of Assistant Administrator, DON, A Director, Quality of life, Dietary all residents' care plans reflected 1 6) Review of the facility's in-servi BOM, Quality of Life, Admission Housekeeping Supervisor, DON, Consultant. The education provid reconciliation, care plan policy, a highest practical physical, mental acceptable professional standards systematically organized. Intervie	f. on 04/24/15, revealed all residents care plans we DONs, SDC, QA Nurse, MDS Coordinators, Ni Manager, Chaplain, Medical Records or Region the current resident care needs. ccs revealed education was provided to the Adn is, Assistant Administrator, Plant Ops, Food Ser ADONs, SDC, MDS Coordinators, and Nursing ed included the medication administration polic nd the procedure to include following the care p i, and psychosocial well-being of each resident, i and practices that were complete, accurately dc	re audited by the Administrator, ursing Supervisor, Admissions, Social Services al Nurse Consultant by 04/22/15 to ensure ministrator, HR, Medical Record's Nurse, rvice Director, SSD, Central Supply, g Supervisors on 04/20/15 by the Regional Nurse cy and procedure to include medication lan, administering care to ensure and maintain clinical records in ocumented, readily accessible and tor, HR, Med Record's Nurse, BOM, Quality of
	DON, ADONs, SDC, MDS Coor medication administration policy 7) Review of the facility's in-servi the Administrator, Assistant Adm administration policy and procedd following the care plan, administ each resident, and maintain clinic accurately documented, readily a and SRNAs revealed the facility j medical record documentation, ca (REDACTED]as needed) had con 8) Review of new employee orien policy and procedure, care plan p and that the information was add staff had been provided informati	dinators, and Nursing Supervisors revealed the s and procedure and accurate medical records. (ces revealed education was initiated for licensec inistrator, Regional Nurse Consultant, DON, Al ure to include medication reconciliation, care pla ring care to ensure highest practical physical, n al records in acceptable professional standards a ccessible and systematically organized. Interview provided staff education that included informatic are planning and following the care plan and me mpleted the post-test with a 100% score. tation revealed newly hired staff would receive o loicy and procedure, administrative oversight, a ed to the new hire orientation. Interviews on 04/ on on medication administration policy and pro	staff was educated on 04/20/15 on care plans, the d staff, KMAs and SRNAs on 04/20/15 by DONs or the SDC regarding the medication an policy and the procedure to include nental, and psychosocial well-being of and practices that were complete, ws on 04/24/15 with licensed staff, KMAs, on on the medication administration policy, dication reconciliation. Review of the POS education regarding medication administration nd complete and accurate clinical records 24/15, with newly hired staff revealed the
F 0333		fe from serious medication errors. TS HAVE BEEN EDITED TO PROTECT CON	IFIDENTIAL ITY**
Level of harm - Immediate	Based on observation, interview, a	and review of medical records, pharmacy medical	ation dispensing records, and the facility's
jeopardy Residents Affected - Some	#15, #16, and #17) were free of si (MAR) revealed documentation t [REDACTED].#15's medication revealed the facility failed to adm	cility failed to ensure five (5) of thirty (30) samp ignificant medication errors. Review of the resic hat the residents' medications were administered and review of Residents #11, #13, #16, and #17' inister the residents' medications as ordered by ecords dated 12/01/14 thru 04/17/15 and review	dents' Medication Administration Records d according to physician's orders 's pharmacy medication dispensing records

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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Y FULL REGULATORY		

F 0333	(continued from page 4)
Level of harm - Immediate	to administer [MEDICATION NAME] and [MEDICATION NAME] [MEDICATION]s) as ordered to Resident #17; failed to administer [MEDICATION NAME] [MEDICATION]) as ordered to Resident #13; and failed to administer [MEDICATION NAME] Acid (a
Residents Affected - Some	medication used to prevent [MEDICAL CONDITION]) twice daily to Resident #16.
	In addition, observation on 04/17/15, revealed Resident #15's [MEDICATION NAME] medication bottle contained 150 milliliters (ml) of liquid; however, since the resident was readmitted to the facility on [DATE], only 130.5 ml should have been present if the medication had been administered per physician's orders [REDACTED]. The facility's failure to have an effective system in place to ensure care and services were provided as per the resident's
	plan of care was likely to cause serious injury, harm, impairment, or death. Immediate Jeopardy was determined to exist on 04/02/15 at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and 42 CFR 483.75 Administration (F490 and F514). The facility was notified of the Immediate Jeopardy on 04/20/15. An acceptable Allegation of Compliance was received on 04/23/15, which alleged removal of the Immediate Jeopardy was removed on 04/23/15. An extended survey was conducted on 04/23/15. The State Survey Agency determined the Immediate Jeopardy was removed on 04/23/15, which lowered the Scope and Severity to an E at 42 CFR 483.20 Resident Assessment (F282), 42 CFR 483.25 Quality of Care (F333), 42 CFR 483.60 Pharmacy Services (F425), and, 42 CFR 483.75 Administration (F490 and F514)
	while the facility monitors the effectiveness of systemic changes and quality assurance activities. The findings include: Review of the facility's policy titled Medication Administration General Guidelines, dated December 2012, revealed
	medications were administered as prescribed in accordance with the manufacturer's specifications, good nursing principles and practices, and only by persons legally authorized to do so. Review of the facility's policy titled Medication Administration - Medication Discrepancies, dated December 2009, revealed medication discrepancies were documented and reported to the resident's attending physician, Director of Nursing,
	responsible party, and the Performance Improvement Committee. The policy defined a medication discrepancy as an omission of medication due to a prescribing, dispensing, or administering error. The policy further revealed when a medication discrepancy occurred immediate action should be taken to protect the patient's safety and welfare. Continued review of the policy revealed the attending physician was notified of the error or significant medication discrepancy and the patient was to be monitored closely for 24 to 72 hours or as directed by the physician. The policy stated a medication discrepancy/error/incident report was to be completed.
	Review of the facility's procedure for reordering medication, not dated, revealed staff should reorder medications when there was a three (3) day supply of medication remaining. 1. Review of Resident #11's medical record revealed the facility admitted the resident on 10/04/13, with [DIAGNOSES]
	REDACTED]. Review of Resident #11's April 2015 physician's orders [REDACTED]. The medication was initially ordered 08/17/14. Record review and review of the facility's investigation related to Resident #11, dated 04/07/15, revealed on 04/01/15, Resident #11's [MEDICATION NAME] medication card dated 03/24/15 (the date the medication card was received by the facility for use) revealed only four (4) tablets had been dispensed from the card leaving ten (10) tablets remaining on the medication card. The facility audited the medication card again on 04/03/15, prior to the morning medication pass (the medication was ordered to be administered every morning). At that time, Resident #11's [MEDICATION NAME] medication card still had ten (10) tablets remaining on the card. Review of the Medication Administration Record (MAR) revealed staff
	documented the medication had been administered on 04/02/15. There was no documented evidence the medication had not been held or refused the previous day. Review of the Pharmacy's Medication Dispensing Records, dated 12/01/14 through 04/17/15, revealed Resident #11's
	[MEDICATION NAME] was dispensed with fourteen (14) tablets per medication card. This medication was dispensed seven (7) times since 12/10/14 (dispensed on 12/10/14, 12/21/14, 01/28/15, 02/11/15, 02/25/15, 03/25/15, and 04/15/15). During the timeframe reviewed (12/10/14 through 04/16/15), the pharmacy dispensed ninety-eight (98) [MEDICATION NAME] tablets; however, one hundred twenty-eight (128) tablets were required for the staff to be able to administer the resident's [MEDICATION NAME]
	per the physician's orders [REDACTED]. Review of Resident #11's [MEDICATION NAME] laboratory level obtained on 01/05/15 revealed the level was not therapeutic at 0.80 ng/ml (nanograms/milliliter) (therapeutic range is 0.9 to 2.0 ng/ml). Further review of Resident #11's [MEDICATION NAME] level dated 04/03/15 revealed the resident's medication was also not therapeutic at 0.5 ng/ml. 2. Review of Resident #17's medical record revealed the facility admitted the resident on 10/23/98. The resident had [DIAGNOSES REDACTED].
	Review of Resident #17's April 2015 physician's orders [REDACTED]. Review of the Pharmacy Medication Dispensing Records dated 12/01/14 through 04/17/15, revealed the pharmacy dispensed thirty (30) capsules of [MEDICATION NAME] 250 mg (a 30-day supply) twice from 12/18/14 through 04/04/15 (on 12/18/14 and 01/28/15), for a total of sixty (60) capsules. However, one hundred seven (107) capsules were required for the staff to be able to administer the resident's [MEDICATION NAME], per the physician's orders [REDACTED].
	Further review of the Pharmacy Medication Dispensing Records revealed the pharmacy dispensed one hundred twenty (120) capsules of [MEDICATION NAME] 125 mg (a 30-day supply) on 02/20/15. However, the medication was not dispensed to the facility again until 04/05/15, approximately forty-four (44) days later. Review of Resident #17's MAR for 12/01/14 through 04/04/15 revealed staff omitted one (1) dose of [MEDICATION NAME] for the resident on 01/05/15. Staff documented all other doses were administered per physician's orders [REDACTED]. Registered Nurse (RN) #1 documented that three (3) evening doses of [MEDICATION NAME] were not administered to Resident #17 on 03/08/15, 03/18/15, and 03/23/15 because the resident's blood pressure or pulse was too low. On 03/17/15, RN #1 documented the resident refused the evening dose; and on 03/22/15 RN #1 documented [MEDICATION NAME] was not administered because the
	resident had no insulin coverage. On 04/19/15 at 1:20 PM, after reviewing Resident #17's MAR, interview with RN #1 revealed she administered the resident's medications as ordered. She stated the resident did not refuse medications and the documentation on the resident's MAR was inaccurate because it was easy to enter the wrong code on the electronic MAR. Review of Resident #17's laboratory levels revealed on 04/03/15, the resident's [MEDICATION NAME] Acid ([MEDICATION NAME])
	level was sub-therapeutic at less than 10 mcg/ml (therapeutic range is 50 - 100 mcg/ml). Further review of Resident #17's lab levels revealed on 03/16/15, the resident's [MEDICATION NAME] level was sub-therapeutic at less than 2.5 mcg/ml (therapeutic range is 5-12 mcg/ml). On 03/19/15, the resident's [MEDICATION NAME] level had increased to 9.1 mcg/ml. The SSA's Pharmacy Consultant conducted a post survey review. This review revealed Resident #17's Physician order [REDACTED]. During a post survey phone interview with the Advanced Registered Nurse Practitioner on 06/01/15, she acknowledged the resident was to receive 250 mg each morning and each evening. From 12/08/14 through 04/04/15, the resident would have needed a total of one-hundred and seven (107) tablets of [MEDICATION NAME] 250 mg to meet the dosage required for the time period, if the order was for once a day. However, only sixty (60) tablets had been dispensed and delivered for the resident during that time period, as validated by the pharmacy's Delivery Manifest Record (aka, the pharmacy dispensing record). Record review revealed the resident was actually ordered to receive two (2) tablets per day of the [MEDICATION NAME] during that time. The resident would have needed approximately twice that amount, between 210-214 tablets, to achieve
	the dosage that was ordered. 3. Review of Resident #13's medical record revealed the facility admitted the resident on 06/10/13, and the resident had [DIAGNOSES REDACTED]. Review of Resident #13's physician's orders [REDACTED]. Review of the Pharmacy Medication Dispensing Records dated 12/01/14 through 04/17/15, revealed the pharmacy dispensed 300 ml (a 30-day supply) of [MEDICATION NAME] liquid medication three (3) times from 12/03/14 through 03/18/15, for a total of 900 ml. However, 1,050 ml of [MEDICATION NAME] was required to administer the medication per physician's orders [REDACTED]. Review of Resident #13's MARs for January through March 2015 revealed staff documented the resident's [MEDICATION NAME] medication was administered as ordered.
	Review of the [MEDICATION NAME] medication laboratory results revealed on 12/01/15, the resident's [MEDICATION NAME] level was 23 mcg/ml which was therapeutic (normal range is 5 - 63 mcg/ml). On 03/02/15, the resident's [MEDICATION NAME] level was sub-therapeutic at 2.0 mcg/ml. Further review of Resident #13's laboratory results revealed on 04/03/15 the resident's [MEDICATION NAME] level was also sub-therapeutic at 2.9 mcg/ml.
FORM CMS-2567(02-99) Previous Versions Obsolete	Event ID: YL1011 Facility ID: 185094 If continuation sheet Page 5 of 17

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:1/6/2016 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185004	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/24/2015
VAME OF PROVIDER OF SU	185094 PPLIER	STREET ADDRE	SS, CITY, STATE, ZIP
SIGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH MA PIKEVILLE, KY	
8		cy, please contact the nursing home or the state surve	, , ,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR		RECEDED BY FULL REGULATORY
NAME OF PROVIDER OF SU SIGNATURE HEALTHCAR For information on the nursing (X4) ID PREFIX TAG F 0333 Level of harm - Immediate jeopardy Residents Affected - Some	 bome's plan to correct this deficient SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR (continued from page 5) The SSA's Pharmacy Consultant of Resident #13's MARs for January administered) staff administered/ 2015, one (1) dose in February 20 4. Review of Resident #16's medii [DLGNOSES REDACTED]. Review of Resident #16's physicia Review of Resident #16's MAR for NAME] Acid on 01/05/15. Staff. However, review of Resident #16's MAR for NAME] Acid on 01/05/15. Staff. However, review of Resident #15's medii resident on 03/20/15, affrer a hosp Review of Resident #15's medii resident on 03/20/15, affrer a hosp Review of Resident #15's April 20 Review of Resident #15's April 22 Review of Resident #15's holoratic dispensed to the facility on [DATE]. Observation on 04/17/15 at 2:20 F the medication was dated as open revealed the [MEDICATION NA physician's orders [REDACTED] administered [MEDICATION NA physician's orders [REDACTED] administered [MEDICATION NA physician's orders [REDACTED] administered [MEDICATION NA physician's orders [REDACTED] administered per the physician's orders from the facility during the times Interview with RN #1 on 04/14/15 04/16/15 at 12:14 PM, with Kent PM, revealed that if staff docume administered per the physician's orders [R PM revealed from the pharmacy. Interview on 04/15/15 at 4:00 PM that lists the quantity of the medii review of 04/15/15 at 4:00 PM that lists the quantity of the medii review on 04/16/15 at 6:07 PM 04/01/15 after the morning medii medication card label was dated 0 ten (10) tablets on the card. The 1 PM row the facility notified the pharmacy. readmissions. When the resident #11 re on that hall, what were on medicati resident's drawer; however, all th The DON further revealed the facility's n interview relevaled. The DON reveal on the hall where Resident #11 re on that hall where Resident #11 re on thathall, that were on medication count was placed on each individ	260 SOUTH MAY PIKEVILLE, KY Cy, please contact the nursing home or the state surve VEFICIENCIES (EACH DEFICIENCY MUST BE F MATION) and two (2) doses in April 2015 for a total of fiv in (MEDICATION NAME] liquid medication as or 115, and two (2) doses in April 2015 for a total of fiv and two (2) doses in April 2015 for a total of fiv in sorders [REDACTED]. on Dispensing Records dated 12/01/14 through 04/1 ay supply) of [MEDICATION NAME] on 01/24/15. 26) days later. or 12/01/14 through 01/31/15 revealed staff omitted 1 documented the medication was administered as ords is [MEDICATION NAME] Acid laboratory level day vel was sub-therapeutic at 20.6 mcg/ml (therapeutic al record revealed the facility admitted the resident - ital stay. The resident Mat a [DIAGNOSES REDAC 15 physician's orders [REDACTED]. on Dispensing Records for Resident #15 revealed 47 PM of Resident #15's [MEDICATION NAME] bottle do n03/21/15, one (1) day after the resident was re ME] bottle contained 150 ml of liquid medication. F. Review of Resident #15 sordered by the resident's pic- tor on 04/15/15, at 4:00 PM, revealed residents' med- facility. The medications were re-dispensed when the my results for [MEDICATION NAME] revealed on 0 n1). However, on 04/03/15, the resident's laws (ENP) # ucky Medication Aide (KMA) #1 on 04/17/15 at 1:2 10 to revealed Residents #11, #13, #15, #16, and when there were discrepancies identified with their 1 at 5:03 PM, with Licensed Practical Nurse (LPN) # ucky Medication Aide (KMA) #1 on 04/17/15 at 1:2 10 the Pharmacy Director revealed the pharmacy ; stem in place to determine when a medication was ret or the resident's MAR that their medication was ret on the required therapeutic monitoring, and intervi- vealed the assessments had not revealed and ministic The Pharmacy Director revealed the pharmacy ; with the Director of Nursing (DON) revealed she di- thorapeutic monitoring, and intervi- vealed the assessments had not revealed and mainistic red or views of the pharmacy	YO TRAIL (41501 ey agency. PRECEDED BY FULL REGULATORY macy dispensing records. Review of (ace (staff did not sign off as having been (dered; two (2) doses were omitted in January (c) doses (50 ml) missed. on 09/05/14. The resident had 7/15, for Resident #16 revealed the pharmacy . However, the medication was not refilled the resident's morning dose of [MEDICATION ered for all other doses during these months. ted 04/03/15, revealed the resident's range is 50 - 100 mcg/ml). on 10/18/13 and readmitted the TED]. 73 ml of [MEDICATION NAME] was e from the facility's medication cart revealed admitted to the facility. Observation However, according to the resident's upin 04/17/15 revealed staff documented they tysician. dications were sent back to the pharmacy e resident returned to the facility. 01/20/15, the resident's level was 8.0 mcg/ml cereased to 5.0 mcg/ml. mitted , transferred, or discharged #17 had not been discharged or transferred medications. 55 on 04/16/15 at 11:55 PM, with RN #6 on 7 PM, and with LPN #6 on 04/17/15 at 3:29 s administered, then the medication was days remaining in the card. The nurses was placed in use after it was sends a dispensing report to the facility city. Continued interview 4 and the resident's medications ions were sent to the facility. City of new admissions or ions were sent to the facility. The gets low. Per interview, the needed and administering the medication id a random medication card aleaving o doses (no documented evidence) had been included assessments of all residents try levels for all residents that lived iewing staff and alert and oriented al findings and the laboratory results ib-therapeutic, some were normal, and re not evaluated as part of the gation and did not feel there was brdered by the facility. She stated the re not avaluated as part of the gation and did not feel there was brdered by the facility. She stated the re not avaluated as part of the gation and did not feel there was brdered by the ADONs or QA lentipely upon identification of Nurse, Nursing Su
	complete and accurately document	e Consultant by 04/22/15 for accuracy of the clinical nted. The following issues were identified and correc	eted:
	 b. Activity Quarterly Notes not w c. Care plan updates-two (2) resid d. Behavior Management care plan 5) All residents' care plans were a Coordinators, Nursing Supervisor 		r, DON, ADONs, SDC, QA Nurse, MDS ife, Dietary Manager, Chaplain, Medical

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED: 1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/24/2015
NAME OF PROVIDER OF SU		STRI	EET ADDRESS, CITY, STA	ATE, ZIP
SIGNATURE HEALTHCAR	E OF PIKEVILLE		SOUTH MAYO TRAIL EVILLE, KY 41501	
For information on the nursing	home's plan to correct this deficient	cy, please contact the nursing home or		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY	MUST BE PRECEDED BY	FULL REGULATORY
F 0333	(continued from page 6)			
Level of harm - Immediate jeopardy	Administrator, Plant Ops, Food S Coordinators, and Nursing Super-	Administrator, HR, Med Record's Nurs ervice Director, SSD, Central Supply, I visors on 04/20/15 by the Regional Nur re which included medication reconcil	Housekeeping Supervisor, D se Consultant regarding the	ON, ADONs, SDC, MDS facility's medication
Residents Affected - Some	administration policy and procedu included following the care plan, well-being of each resident; and r complete, accurately documented 7) Education was initiated for lice 04/20/15 by the Administrator, A Medication Administration Policy to include following the care plan well-being of each resident; and r complete, accurately documented complete, accurately documented completed and 100% score obtain until 1:1 education with post-test contacted and will not be allowed education has been provided, eacl ADONs, SDC, Nursing Superviss 8) Education regarding medication oversight, and complete and accu 9) A new process was initiated on follows: a. One random nurse per day, per - Records Nurse, MDS Coordinato administration, the resident's care b. DON, ADONs, SDC, Medical I the medications of four (4) randomly was continued until immediacy w c. Nurses/KMAs received educatif placing the discarded pill packets DON, ADONs, SDC, Medical Re ten (10) discarded packets/bottles medications, confirm reorder proo process continued until immediacy d. Nurses/KMAs placed the datert (21), that could not be counted, di e. Reorder process below will con ightly medication manifest repon medications that were reordered I f. Nurses and KMAs were educated along with the scope of practice of by mouth (PO) or topical. 10) All residents medications weri Records Nurse, QA Nurse, Nursis process system was intact and wit This process will continue for twi determine ongoing frequency of rt 11) Education pass audits were to nurses and KMAs by 04/22/15 to	Ire which included medication reconcil administering care to ensure highest pr naintain clinical records in acceptable p , readily accessible and systematically sed staff, Kentucky Medication Aides sistant Administrator, Regional Nurse / and Procedure which included medica , administering care to ensure highest p , readily accessible and systematically / by the ensure understanding of educatio ed and a post-test re-administered unti- ered. Clinical staff was not allowed to ' mbers that were on Family Medical Le allowed to work until the education ha //15, 60% of all licensed staff and clinic ed; 15% have been contacted by phone was completed, and, 100% score obtair to work until education with post-test 1 h licensed nurse will complete a medica r, or Regional Nurse Consultant. n administration policy and procedure, of rs, Nursing Supervisor or Regional Nurs plan was being followed and accurate Records Nurse, MDS Coordinators, Nurs per side compared to packets/bottles the conds Nurse, MDS Coordinators, Nurs per side compared to packets/bottles the ress and that the medications were bein y was lifted. ine and their initials on the side of any will allow for accurate reconciliation. T ue to opacity of container, a new bottle tinue until immediacy was lifted: y was lifted. ine and their initials on the side of any will allow for accurate reconciliation. T ue to apacity of container, a new bottle tinue until Reminder Report from the ez had actually been reordered. DNs, SDC, QA Nurse, or Nursing Super twith the actual medication packet on	iation. The care plan pôlicy i actical physical, mental, and orofessional standards and pr organized. (KMAs) and State Registere Consultant, DON, ADONs of tition reconciliation, care plan rractical physical, mental, an orofessional standards and pr organized. All clinical staff of n/training provided. If 100% di been received and a post-t- cal staff had been educated w or provided education and no the staff member obtains 11 work prior to received and a post-t- cal staff had been educated w or provided education and no tab been received and a post-t- cal staff had been educated w or provided education and no tion administration observat care plan policy and procedu to new hire orientation. of residents' medications. The observation with the DON, A se Consultant to ensure com along with completed docum rsing Supervisor, or Regional M at were put into service to re g given per the physician's o new medication packet/bot ff reorder, and their initials. MAR system, Monday - Frict rvisors reconciled the Refill the cart or stored in overflow tion policy and procedure to or document administering a and or Chief Nursing Executi sidents medications were add at or, Assistant Administrator 15. dedical Records Nurse, or Re ered without significant med	and the procedure psychosocial actices that were d Nurse Aides (SRNAs) on or the SDC regarding the a policy and the procedure d psychosocial actices that were completed or will is not obtained then 10% score to ensure bove stated ork as needed (PRN) were est completed with with post-test iffied that they cannot work e in the process of being % score obtained. Once ion pass with the DON, re, administrative ne process is as DONs, SDC, Medical pliance with medication tentation was noted. I Nurse Consultant reconciled inistration. This process SDC, or Nursing Supervisor on the was finished. The Nurse Consultant audited, daily, econcile e placed into service tail of twenty-one service by 04/22/15. cation were left to lay, and validated that all Reminder Report with the / to ensure include documentation uny medications other than DONs, SDC, Medical DONs, SDC, Medical plance with and the service tail of twenty-one service by 04/22/15. cation were left to lay, and validated that all Reminder Report with the / to ensure reorder ninistered as ordered. The QAPI committee will c, DON, ADON, the SDC, or egional Nurse Consultant for all ication error. Nurses or
	medication pass observation. 13) Administrative oversight of th President of Operations, or the Cl removal of immediacy, then mon		Projects Administrator, the val of immediacy, weekly for	Regional Vice four (4) weeks after
	14) The Administrator, Assistant A Regional Nurse Consultant audite twice weekly for four (4) weeks a follow-up as indicated.	Administrator, Special Projects, DON, ad compliance of the above stated auditure and reported findings during weekly QA	s/observations daily until rem for four (4)weeks, for record	noval of immediacy, then nmendations and further
	for removal of Immediate Jeopard recommendations and further foll **The State Survey Agency valid 1) Review of the medical records were notified of the potential mec revealed Residents #11, #13, #14, and symptoms of adverse reaction laboratory levels on all six (6) res updated as needed. The residents' 04/03/15, 04/06/15, and 04/20/15 Resident #15 on 04/03/15 and 04, Administrative Staff counted all s and a current count was placed or ADONs, SDC, QA Nurse, Medic 2) Review of the medical record re immediately upon identification of Supervisor, Medical Record's Nur	was held on 04/17/15, and again on 04, ly. A Quality Assurance meeting will b ow up regarding the above stated plan. ated the Immediate Jeopardy was remov of Residents #11, #13, #14, #15, #16, an ilcation errors by the administrative stat #15, #16, and #17 were assessed by th is from potential medication errors, wit idents, the physician was notified of the laboratory results were obtained on the , Resident #13 on 04/03/15 and 04/19/1 (20/15, Resident #16 on 04/03/15 and 04/ (20/15, Residents' medications and a med n each individual pill packet and/or bott al Records Nurse or Regional Nurse Cc evealed the physicians and POAs for Re of inappropriate documentation by the A rse, or Regional Nurse Consultant on 04, and #17 were re-assessed by the ADO	e held weekly for four (4) w ved as follows: nd #17 revealed the residents ff. Further review of the med e ADONs or the QA Nurse, h no issues identified. The fa e results, and the residents' c of following days by the facil- 5, Resident #14 on 04/17/15 4/17/15 and Resident #17 or ication reconciliation was cc le of liquid medicine on 04/2 msultant. esidents #11, #15, #16, and # Administrator, DON, ADON 4/20/15. Further review of th	eeks, then monthly for s' physicians and POAs ical records on 04/20/15, for any signs icility obtained are plans were ty: Resident #11 on , 04/17/15 and 04/19/15, 04/20/15. The impleted for accuracy 20/15 by the DON, e17 were notified s, SDC, QA Nurse, Nursing e medical records

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:1/6/2016 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/24/2015
NAME OF PROVIDER OF SU		STREET ADDRI	ESS, CITY, STATE, ZIP
SIGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH MA PIKEVILLE, K	VO TRAIL Y 41501
0	1 `	cy, please contact the nursing home or the state surv	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF L OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE MATION)	PRECEDED BY FULL REGULATORY
F 0333 Level of harm - Immediate jeopardy		with no issues identified. s revealed the audits were completed by the DON, μ e Consultant, on 04/20/15, and ensured that the curr	
Residents Affected - Some F 0371 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	failed to store, prepare, and serve received a food tray. Observation liquid substance in the bottom of grease and food pieces was also of The findings include: Review of the facility's policy tild for supervising all sanitation and foods would be labeled and dated Manager was responsible for ensu Observations on 04/14/15, at 1:10 of cream cheese, and a bottle con white storage pan with a tan liqui soiled with grease and food piece storage pan was observed to be pi Interview conducted with the Diet was sanitary. The Dietary Manag refrigerator. Further interview rev tan substance in the bottom of the equipment. Interview conducted with the Reg audit of the kitchen, and she had it	w, record review, and review of the facility's policy food under sanitary conditions for eighty-six (8) s on 04/14/15 revealed unlabeled and undated food the pan sitting on a table with clean equipment. In a observed to be sitting on the table with the clean equi- ed Sanitation/Infection Control, undated, revealed th housekeeping procedures within the Dietary Depart prior to placing the items in the refrigerator. In add aring staff used proper sanitation procedures for stor PM, revealed one bottle of steak sauce, a jar of ram taining a white substance were opened, unlabeled, a d substance in the bottom of the pan. The white pan s were placed on a table with clean silverware, a sli faced on the table from the refrigerator by the Dietary ary Manager on 04/14/15, at 1:20 PM, revealed she er stated all foods were required to be labeled and und white pan. She stated the pans should not have bee istered Dietitian (RD) on 04/24/15, at 1:45 AM, re not identified any concerns with sanitation. The RD clean equipment and silverware. The RD also stated	of ninety-six (96) residents who s in a white storage pan with a tan addition, a dirty pan soiled with nipment. The Dietary Manager was responsible tment. The policy stated all leftover dition, the policy stated the Dietary rring, preparing, and serving foods. ch dip, a jar of ham base, two boxes and undated. These food items were in a a along with a pan observed to be teer, and two mixers. The white ry Manager. was responsible for ensuring the kitchen lated prior to being placed in the tated foods, and had not identified the en placed on the table with the clean exealed she was required to do a monthly stated the dirty pans should not have
F 0425	Sofely provide drugs and other	imilar products available, which are peeded ave	wy day and
F 0425 Level of harm - Immediate	in emergencies, by a licensed pl	similar products available, which are needed eve narmacist `S HAVE BEEN EDITED TO PROTECT CONFID	
jeopardy	Based on observation, interview, 1	ecord review, and review of the facility's policy, it is to meet the needs of four (4) of thirty (30) sample	was determined the facility failed
Residents Affected - Some	received their medications as phy Digoxin (medication to treat an al this medication went up to thirty- up to sixty-five (65) days betweet a thirty (30) day supply of Depak forty-seven (47) day span betweet seizures); and up to twenty-five (Laboratory tests revealed the resi (refer to F282, F333, F490, and F The facility's failure to have an eff plan of care was likely to cause as 04/02/15 at 42 CFR 483.20 Resid (F425), and 42 CFR 483.70 Acms an acceptable Allegation of Comp 04/23/15. An extended survey wa removed on 04/23/15, which low 483.25 Quality of Care (F333), 4' while the facility's policy title Non-Controlled Medications), da provider pharmacy on a timely be and receipt. A licensed nurse or a documented on the medication de writing the medication name and the reorder sheet and faxing or of Interview with Registered Nurse (RN #6 on 04/16/15 at 12:14 PM, revealed medications could also t [REDACTED]. I. Review of Resident #11's media (DIAGNOSES REDACTED]. Review of Resident #11's April 22 Review of Resident #11's April 22 (12/10/14 through 04/15/15), the received the medications as press to be able to administer the reside 2. Review of Resident #17's Media (DIAGNOSES REDACTED]. Review of Resident #17's Media (DIAGNOSES REDACTED]. Review of Resident #17's Media (DIAGNOSES REDACTED]. Review of the pharmacy's Medica mg (a 30-day supply) twice from However, one hundred seven (10 the physician's orders [REDACTED]. Review of the pharmacy Consultant (Physician order [REDACTED]. Review of Depakote 125 mg (a until 04/05/15, forty-four (44) dag until 04/05/15, forty-four (44) and inter SA's Pharmacy Consultant (Physician order [REDACTED]. Revise the dosage of 250 mg (a until 04/05/15, forty-four (44) dag until 04/05/15, forty-four	tective system in place to ensure care and services v prious injury, harm, impairment, or death. Immediat lent Assessment (F282), 42 CFR 483.25 Quality of 1 inistration (F490 and F514). The facility was notific plance was received on 04/23/15, which alleged ret is conducted on 04/24/15. The State Survey Agency ered the Scope and Severity to an E at 42 CFR 483.2 2 CFR 483.60 Pharmacy Services (F425), and, 42 C cetiveness of systemic changes and quality assurance and Medication Ordering and Receiving From the Ph ted September 2010, revealed medications and relat isis. The policy stated that the facility maintained ac ppropriate personnel received medications deliverer, livery receipt/manifest. The policy stated that facility rescription number or applying the peel-off bar co- herwise transmitting the order to the pharmacy. RN) #1 on 04/14/15 at 5:03 PM, Licensed Practical Kentucky Medication Aide (KMA) #1 on 04/17/15 be ordered on the computer from the resident's Elect cal record revealed the facility admitted the resident 10 physician's orders [REDACTED]. tion Dispensing Records, dated 12/01/14 through 04 test per medication, and may dispensed seven (7, 1/14, 01/28/15, 02/11/15, 02/25/15, 03/25/15, and or pharmacy dispensed ninety-eight (98) Digoxin table ribed by the physician, one hundred twenty-eight (1 ent's Digoxin. cal record revealed the facility admitted the resident 10 5 physician's orders [REDACTED]. tion Dispensing Records revealed the pharmacy dis 12/18/14 and 01/28/7) capsules were required for the staff to be able to a ED]. Iedication Dispensing Records revealed the pharmacy dis 0-day supply) on 02/20/15. However, the medicatio	ispensing Records revealed Resident #11's a fourteen (14) day supply. However, inidone (anti-seizure medication) went hree (43) days between refills for psychiatric disorders). There was a 's Keppra (medication to prevent) / for Resident #16's Depakote. d monitoring were sub-therapeutic were provided as per the resident's te Jeopardy was determined to exist on Care (F333), 42 CFR 483.60 Pharmacy Services ed of the Immediate Jeopardy on 04/20/15. moval of the Immediate Jeopardy on 04/20/15. moval of the Immediate Jeopardy on 04/20/15. moval of the Immediate Jeopardy was 20 Resident Assessment (F282), 42 CFR SFR 483.75 Administration (F490 and F514) cc activities. aarmacy Provider (Ordering and Receiving ted products were received from the ccurate records of medication order d to the facility from the pharmacy and ity staff re-ordered medications by ded label from the prescription label on 11 Nurse (LPN) #5 on 04/16/15 at 11:55 AM, at 1:27 PM, and LPN #6 on 04/17/15 at 3:29 PM tronic Medication Administration Record t on 10/04/13. The resident that 4/17/15, revealed Resident #11's Digoxin was) times since 12/10/14. The medication n 04/15/15. During this timeframe ets. However, to ensure the resident 128) tablets were required for the staff t on 10/23/98. The resident had spensed thirty (30) capsules of Primidone 250 /15), for a total of sixty (60) capsules. administer the resident's Primidone per cy dispensed one hundred twenty (120) on was not dispensed to the facility again nacy's dispensing records. Review of the per day of the Primidone 150 mg since t survey phone interview with the Advanced Ired and seven (107) tablets of Primidone to once a day. However, only sixty (60)

CENTERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES	PRINTED: 1/6/2016 FORM APPROVEI OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015	
NAME OF PROVIDER OF SU		STREET ADD	RESS, CITY, STATE, ZIP	
SIGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH M PIKEVILLE,	IAYO TRAIL KV 41501	
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state su		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST B	E PRECEDED BY FULL REGULATORY	
F 0425	(continued from page 8)	MATION)		
Level of harm - Immediate		the Primidone during that period, the resident wo ablets to achieve the dosage requirement as the ph		
jeopardy	3. Review of Resident #13's media Review of Resident #13's physicia	cal record revealed the facility admitted the reside	ent on 06/10/13 with [DIAGNOSES REDACTED].	
Residents Affected - Some	Review of the Pharmacy's Medica supply) of Keppra liquid medicat refills), for a total of 900 ml. How orders [REDACTED]. During the SSA's post survey revi dispensing records) for 12/01/14	tion Dispensing Records for Resident #13 revealed ion three (3) times from 12/03/14 through 03/18/1 vever, 1,050 ml of Keppra was required to admini ew, the SSA's Consultant Pharmacist reviewed th through 04/04/15. This review revealed Resident	15 (there were 47 days between two of the ster the medication, per physician's e pharmacy's Delivery Manifest Reports (aka,	
	Further review revealed there was Specifically, the resident received 01/08/15. The subsequent refill sl 01/02/15. Thus, the refill was app 01/08/15, the resident received th	I (12/03/14, 01/08/15, 02/24/15, and 03/19/15). a twenty-three (23) day time span between two (i 300 ml (30 day supply) on 12/03/14, then receiv hould have been received approximately thirty (30 roximately six (6) days late. Further review revee e next subsequent refill of 300 ml forty-seven (47 <i>ss</i> late. That refill should have been received appr	ed a subsequent refill of 300 ml on)) days later, (from 12/03/14) or on/about iled after receiving the refill on)) days later on 02/25/15, or	
	4. Review of Resident #16's media revealed a physician's orders [RE	cal record revealed the resident had [DIAGNOSE	S REDACTED]. Review of the medical record	
	Review of Resident #16's 01/2015 Review of the Pharmacy's Medica Depakote for Resident #16 on 01/ later. Further review of the MAR		again until 02/18/15, twenty-six (26) days	
	reference of the physician. Review of Resident #16's Valproic Acid laboratory level dated 04/03/15, revealed the resident's Valproic Acid level was sub-therapeutic at 20.6 mcg/ml (micrograms/milliliter)(normal range is 50 - 100 mcg/ml). Review of the facility's Status Change document that listed residents who had been admitted, transferred, or discharged			
	from December 2014 through Ap from the facility during the times	ril 2015 revealed Residents #11, #13, #15, #16, au when there were discrepancies identified with the 5 at 5:03 PM, with Licensed Practical Nurse (LPN	nd #17 had not been discharged or transferred eir medications.	
	04/16/15 at 12:14 PM, with Kentu PM, revealed that if staff docume residents' medications had to be r (7) days remaining in the card. Th	ucky Medication Aide (KMA) #1 on 04/17/15 at nted on the resident's MAR indicated [REDACTH e-ordered by the nursing staff when the resident's ne nurses stated the facility did not have a system	1:27 PM, and with LPN #6 on 04/17/15 at 3:29 ED]. The interviews further revealed the medication card had two (2) to seven	
	Interview on 04/15/15 at 3:40 PM re-order date. The interview furth early; however, the pharmacy did Interview on 04/15/15 at 4:00 PM when the supply was low. Howev	e after it was dispensed from the pharmacy. with the Facility's Pharmacist revealed all prescri- er revealed the pharmacy notified the facility if a not notify the facility if a medication was not re- with the Pharmacy Director revealed facility nur- ver, the pharmacy did not have a way to track if m	medication was being re-ordered too ordered when a refill was due. sing staff reordered residents' medications dedications were not being reordered timely.	
	medication was sent to the facility Interview with the Facility's Corp facility's computer system that lis Consultant stated the Director of	orate Nurse Consultant on 04/17/15 at 2:45 PM re- ted all residents' medications that were pending ro- Nursing (DON) was required to compare the med	evealed a report was available on the eorder by the facility. The Nurse lications (that were pending re-order) to a	
	Consultant stated the DON had ic Interview on 04/14/15 at 6:07 PM medication a resident had in stock	idents' medications to ensure the residents' medic lentified no issues. with the Director of Nursing revealed the facility k at the facility at any given time. Further intervie ed any issues with medications not being re-order	did not have a system to know how much w with the DON on $04/17/15$ at 3:45	
	orders [REDACTED].	able Allegation of Compliance (AOC) on 04/23/1		
	 The Physician and Power of At identification of potential medica Nursing (ADONs), Staff Develop Nurse or Regional Nurse Consult Nurse on 04/20/15 for any signs a on all six (6) residents, the physic All six (6) residents' medications 	tioney (POA) for Residents #11, #13, #14, #15, # tion errors by the Administrator, Director of Nurs ment Coordinator (SDC), Quality Assurances (Q ant on 04/20/15. Residents #11, #13, #14, #15, #1 and symptoms of adverse reactions, with no issues ian was notified of the results, and the residents' were counted and a medication reconciliation wa ual pill packet and/or bottle of liquid medicine on	ing (DON), Assistant Director of A)Nurse, Nursing Supervisor, Medical Records 6, and #17 were assessed by the ADONs or QA s identified. Laboratory levels were drawn care plans were updated, as needed. s completed for accuracy and a current	
	Nurse, Medical Records Nurse or 2) The physician and POAs for Re inappropriate documentation by t Regional Nurse Consultant on 04 04/20/15, for any signs and symp	Regional Nurse Consultant. esidents #11, #15, #16, and #17 were notified imn	nediately upon identification of ie, Nursing Supervisor, Medical Record's Nurse, or assessed by the ADONs or QA Nurse, on cd.	
	Nurse Consultant, on 04/20/15, to	b ensure that the current medications, compared to requested and placed into service on 04/22/15 fo	o the current Physician order [REDACTED].	
	4) All residents' charts were audite Coordinators, Nursing Supervision Record's Nurse or Regional Nurse complete and accurately document a. Social Services Quarterly Notes	ed by the Administrator, Assistant Administrator, r, Admissions, Social Services Director, Quality o e Consultant by 04/22/15 for accuracy of the clini ted. The following issues were identified and cor s were not within compliance- for three (3) resider	of Life, Dietary Manager, Chaplain, Medical ical records and that the records were rrected:	
	 c. Care plan updates-two (2) resid d. Behavior Management care pla 5) All residents' care plans were a Coordinators, Nursing Supervisor 		of life, Dietary Manager, Chaplain, Medical	
	needs. 6) Education was provided to the . Administrator, Plant Ops, Food S Coordinators, and Nursing Super administration policy and procedu included following the care plan, well-being of each resident, and r complete, accurately documented 7) Education was initiated for lice	Administrator, HR, Med Record's Nurse, BOM, Q ervice Director, SSD, Central Supply, Housekeep visors on 04/20/15 by the Regional Nurse Consult ure which included medication reconciliation. The administering care to ensure highest practical phy naintain clinical records in acceptable professiona I, readily accessible and systematically organized. nsed staff, Kentucky Medication Aides (KMAs) a sistant Administrator, Regional Nurse Consultan	Quality of Life, Admissions, Assistant bing Supervisor, DON, ADONs, SDC, MDS tant regarding the facility's medication e care plan policy and the procedure ysical, mental, and psychosocial at standards and practices that were and State Registered Nurse Aides (SRNAs) on	

ENTERS FOR MEDICARE	& MEDICAID SERVICES		PRINTED: 1/6/2016 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 04/24/2015
	185094		
AME OF PROVIDER OF SU G NATURE HEALTHCAR		STREET ADDR 260 SOUTH MA	ESS, CITY, STATE, ZIP AYO TRAIL
		PIKEVILLE, K	XY 41501
X4) ID PREFIX TAG	SUMMARY STATEMENT OF D	DEFICIENCIES (EACH DEFICIENCY MUST BE	
F 0425	OR LSC IDENTIFYING INFOR! (continued from page 9)	MATION)	
Level of harm - Immediate jeopardy Residents Affected - Some	Medication Administration Policy to include following the care plan well-being of each resident, and r complete, accurately documented complete a post-test and score 10 the staff member will be re-educa understanding of the material cov education. Those clinical staff me sent a certified letter and were no 100% score obtained. As of 04/22 completed and 100% score obtair until 1:1 education with post-test contacted and will not be allowed	y and Procedure which included medication reconc i, administering care to ensure highest practical phy naintain clinical records in acceptable professional i, readily accessible and systematically organized. A 0% to ensure understanding of education/training p ted and a post-test re-administered until the staff m rered. Clinical staff was not allowed to work prior t embers that were on Family Medical Leave Act (FM t allowed to work until the education had been rece 3/15, 60% of all licensed staff and clinical staff had led; 15% have been contacted by phone, provided of was completed, and, 100% score obtained. The rere I to work until education with post-test has been con h licensed nurse will complete a medication admin	ysical, mental, and psychosocial standards and practices that were All clinical staff completed or will provided. If 100% is not obtained then nember obtains 100% score to ensure to receiving the above stated MLA), leave or work as needed (PRN) were eived and a post-test completed with been educated with post-test education and notified that they cannot work maining 25% were in the process of being mpleted and 100% score obtained. Once
	ADONs, SDC, Nursing Supervise 8) Education regarding medication oversight, and complete and accu	or, or Regional Nurse Consultant. n administration policy and procedure, care plan por rate clinical records were included in the new hire	olicy and procedure, administrative orientation.
	follows:	04/22/15 for medication reconciliation of residents	
	Records Nurse, MDS Coordinato administration, the resident's care	shift, will complete a medication pass observation rs, Nursing Supervisor or Regional Nurse Consulta plan was being followed and accurate along with a Records Nurse, MDS Coordinators, Nursing Super	ant to ensure compliance with medication completed documentation was noted.
	medications of four (4) randomly was continued until immediacy w c. Nurses/KMAs received educati placing the discarded pill packets DON, ADONs, SDC, Medical Re ten (10) discarded packets/bottles	on on 04/21/15 by the Regional Nurse Consultant, /bottles in the bottom drawer of the medication car ecords Nurse, MDS Coordinators, Nursing Supervi- per side compared to packets/bottles that were put	DON, ADONs, SDC, or Nursing Supervisor or t when packet/bottle was finished. The sor or Regional Nurse Consultant audited, daily into service to reconcile
	process continued until immediac d. Nurses/KMAs placed the date/t to ensure an accurate date which (21), that could not be counted, d	ime and their initials on the side of any new medic will allow for accurate reconciliation. Those liquid ue to opacity of container, a new bottle was obtained	ation packet/bottle placed into service medications, a total of twenty-one
	administer. ii) A nurse then placed, on the cur	via the ezMAR alert system when three (3) to four rent medication bubble pack, the date of reorder, and	nd their initials.
	medications due to be reordered, iv) Facility Formulary Nurse, AD	the Refill Reminder Report from the ezMAR system had actually been reordered. ONs, SDC, QA Nurse, or Nursing Supervisors recor- tr with the actual medication packet on the cart or s	onciled the Refill Reminder Report with the
	medications that were reordered h f. Nurses and KMAs were educate along with the scope of practice of		and procedure to include documentation
	Records Nurse, QA Nurse, Nursin process system was intact and wit This process will continue for two	e reconciled two (2) times weekly, starting $04/20/1$ ng Supervisor, Regional Nurse Consultant or Chief thin compliance along with ensuring residents med o (2) weeks and results will be reviewed in a weekl	Nursing Executive, to ensure reorder lications were administered as ordered.
	11) Education was provided for L	resident medication reconciliation at that time. icensed Nursing Staff by the Administrator, Assista	ant Administrator, DON, ADON, the SDC, or
	12) Medication pass audits were c nurses and KMAs by 04/22/15 to KMAs who had not completed a had been completed for shifts sch	garding the above stated plan by 04/21/15. ompleted by the DON, ADON, SDC, Medical Rec ensure that medications were administered withou medication pass observation were not allowed to w eduled after 04/22/15. As of 04/24/15, 75% of all r	t significant medication error. Nurses or ork until the medication pass observations
		e facility was completed by the Special Projects A hief Operating Officer daily until removal of imme- thly.	
	Regional Nurse Consultant audite	Administrator, Special Projects, DON, Chief Opera ed compliance of the above stated audits/observation and reported findings during weekly QA for four (4	ons daily until removal of immediacy, then
	15) A Quality Assurance meeting for removal of Immediate Jeopard recommendations and further foll	was held on 04/17/15, and again on 04/20/15 for fu dy. A Quality Assurance meeting will be held week ow up regarding the above stated plan. ated the Immediate Jeopardy was removed as follo	kly for four (4) weeks, then monthly for
	 Review of the medical records were notified of the potential mee revealed Residents #11, #13, #14 and symptoms of adverse reaction laboratory levels on all six (6) res updated as needed. The residents' 04/03/15, 04/06/15, and 04/20/15 Resident #15 on 04/03/15 and 04. Administrative Staff counted all s 	of Residents #11, #13, #14, #15, #16, and #17 reve lication errors by the administrative staff. Further r , #15, #16, and #17 were assessed by the ADONs c as from potential medication errors, with no issues idents, the physician was notified of the results, an laboratory results were obtained on the following, Resident #13 on 04/03/15 and 04/19/15, Resident /20/15, Resident #16 on 04/03/15 and 04/17/15 and six (6) residents' medications and a medication reco- to each individual pill packet and/or bottle of liquid	ealed the residents' physicians and POAs eview of the medical records or the QA Nurse, on 04/20/15, for any signs identified. The facility obtained d the residents' care plans were days by the facility: Resident #11 on #14 on 04/17/15, 04/17/15 and 04/19/15, 1 Resident #17 on 04/20/15. The onciliation was completed for accuracy
	ADONs, SDC, QA Nurse, Medic 2) Review of the medical record r immediately upon identification of Supervisor, Medical Record's Nu revealed Residents #11, #15, #16 symptoms of adverse reactions, w 3) Review of the medication audit	al Records Nurse or Regional Nurse Consultant. evealed the physicians and POAs for Residents #11 finappropriate documentation by the Administrat rse, or Regional Nurse Consultant on 04/20/15. Fun , and #17 were re-assessed by the ADONs or QA N vith no issues identified. s revealed the audits were completed by the DON,	1, #15, #16, and #17 were notified or, DON, ADONs, SDC, QA Nurse, Nursing rther review of the medical records Nurse, on 04/20/15, for any signs and ADON, SDC, Nursing Supervisor, Medical
	Record's Nurse or Regional Nurse Physician order [REDACTED]. C 04/22/15.	e Consultant, on 04/20/15, and ensured that the cur Observations, on 04/24/15 revealed new bottles of r evealed all residents' charts were audited by the Ac	rent medications, compared to the current medication were placed into service on
		DC, QA Nurse, MDS Coordinators, Nursing Super	
	Quality of Life, Dietary Manager	, Chaplain, Medical Record's Nurse or Regional Nu ecords were complete and accurately documented.	

CENTERS FOR MEDICARE	I AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF PIKEVILLE		STREET ADDRE 260 SOUTH MA PIKEVILLE, KY	
or information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state surv	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE I MATION)	PRECEDED BY FULL REGULATORY
F 0425	(continued from page 10)		
Level of harm - Immediate jeopardy Residents Affected - Some	Ássistant Administrator, DON, A Director, Quality of life, Dietary J all residents' care plans reflected 6) Review of the facility's in-servi BOM, Quality of Life, Admission Housekeeping Supervisor, DON, Consultant. The education provid reconciliation, care plan policy, a highest practical physical, mental acceptable professional standards	on 04/24/15, revealed all residents care plans were at DONs, SDC, QA Nurse, MDS Coordinators, Nursir Manager, Chaplain, Medical Records or Regional N	ng Supervisor, Admissions, Social Services urse Consultant by 04/22/15 to ensure strator, HR, Medical Record's Nurse, 2 Director, SSD, Central Supply, pervisors on 04/20/15 by the Regional Nurse d procedure to include medication administering care to ensure maintain clinical records in nented, readily accessible and
	DON, ADONs, SDC, MDS Coor medication administration policy 7) Review of the facility's in-servi the Administrator, Assistant Adm administration policy and procedu following the care plan, administ each resident, and maintain clinic accurately documented, readily ay and SRNAs revealed the facility y medical record documentation, cr [REDACTED]as needed) had con 8) Review of new employee orien policy and procedure, care plan p and that the information was add staff had been provided informati administrative oversight, and con 9) Review of the new process for 04/22/15. The process was as foll a. Review of the facility adits rev the DON, ADONs, SDC, Medica compliance with medication adm documentation was completed. b. Review of the facility's audits ro with medication administration. T c. Review of the facility's in-servi Consultant, DON, ADONs, SDC the medication cart when the pack Medical Records Nurse, MDS Cc packets/bottles per unit daily and confirm the reorder process and t	inistrator, Plant Ops, Food Service Director, SSD, C dinators, and Nursing Supervisors revealed the staff and procedure and accurate medical records. ices revealed education was initiated for licensed statinistrator, Regional Nurse Consultant, DON, ADON ure to include medication reconciliation, care plan pering care to ensure highest practical physical, menta al records in acceptable professional standards and procedure and accurate medicating or a systematically organized. Interviews o provided staff education that included information or are planning and following the care plan and medica mpleted the post-test with a 100% score. tation revealed newly hired staff would receive educ olicy and procedure, administrative oversight, and c d to the new hire orientation. Interviews on 04/24/1 ion on medication administration policy and procedure, administration oplicy and procedure, lated one random nurse per day, per shift complete d Record's Nurse, MDS Coordinators, Nursing Super- inistration, the resident's care plan was being follow evealed the DON, ADONs, SDC, Medical Records 1 ionordie the medications of focu (4) randomly selecte the audits revealed the process was ongoing on 04/2 ces revealed the nurses/KMAs received education on , or Nursing Supervisor on placing the discarded pill ket/bottle was finished. Review of the facility's audit oordinators, Nursing Supervisor or Regional Nurse C compared them to packets/bottles that were put into hat the medication cart on 04/24/15, revealed the purses/KMAs had pl	was educated on 04/20/15 on care plans, the ff, KMAs and SRNAs on 04/20/15 by Ns or the SDC regarding the medication olicy and the procedure to include al, and psychosocial well-being of practices that were complete, on 04/24/15 with licensed staff, KMAs, n the medication administration policy, tion reconciliation. Review of the POS cation regarding medication administration omplete and accurate clinical records 5, with newly hired staff revealed the tre, care plan policy and procedure, revealed the process was initiated on d a medication pass observation with rvisor or Regional Nurse Consultant to ensure ed and accurate, and to ensure Nurse, MDS Coordinators, Nursing Supervisor ed residents daily to ensure compliance 4/15. n 04/21/15 by the Regional Nurse 1 packets/bottles in the bottom drawer of ts revealed the DON, ADONs, SDC, Consultant audited ten (10) discarded o service to reconcile medications, ian's orders [REDACTED]. Review of the process was ongoing on 04/24/15.
F 0490	the side of new med Be administered in an accentabl	le way that maintains the well-being of each resid	ent
Level of harm - Immediate jeopardy	**NOTE- TERMS IN BRACKET Based on observation, interview, r investigation, and review of facili	The second secon	ENTIALITY** ensing records, review of the facility's ation failed to ensure its
Residents Affected - Some	On 04/03/15, the facility initiated (a medication used to slow the he revealed the facility determined of cart, and on 04/03/15 ten (10) [M	an investigation of an allegation of neglect related to eart rate of patients with [MEDICAL CONDITION]) on 04/01/15 that Resident #11 had ten (10) [MEDIC/ [EDICATION NAME] tablets remained in the cart. 7 [CATION NAME] on 04/03/15, which revealed the re-). Review of the facility's investigation ATION NAME] tablets in the medication The facility obtained a laboratory level for
	In addition, six (6) of nine (9) othe The Administrator took no furthe to F282, F333, F425, and F514). The facility's failure to have an eff plan of care was likely to cause so 04/02/15 at 42 CFR 483.20 Resid (F425), and 42 CFR 483.20 Resid (F425), and 42 CFR 483.75 Adm An acceptable Allegation of Com 04/23/15. An extended survey wa removed on 04/23/15, which low 483.25 Quality of Care (F333), 4' while the facility's policy title medication discrepancies were do responsible party, and the Perforr medication due to a prescribing, of discrepancy occurred immediate medication due to a prescribing, of discrepancy occurred immediate medication discrepancy/error/inci Review of the facility's Administr direct the overall operations of th poloices, with focus on maintainin Review of Resident #11's April 20 Review of the facility's investigati [MEDICATION NAME] medica only four (4) tablets had been dis facility audited the medication ca and Resident #11's [MEDICATIG count remained the same, review administered on 04/03/15; and thinvestigation on 04/03/15, which must maintain a therapeutic level	er residents had sub-therapeutic medication levels w r action to conduct additional investigations or to ad fective system in place to ensure care and services w erious injury, harm, impairment, or death. Immediat lent Assessment (F282), 42 CFR 483.25 Quality of C inistration (F490 and F514). The facility was notifie pliance was received on 04/23/15, which alleged ren s conducted on 04/24/15. The State Survey Agency ered the Scope and Severity to an E at 42 CFR 483.2 2 CFR 483.60 Pharmacy Services (F425), and, 42 C fectiveness of systemic changes and quality assurance ed Medication Administration - Medication Discreps boumented and reported to the resident's attending pf nance Improvement Committee. The policy defined dispensing, or administration error. The policy furthe action should be taken to protect the patient's safety ident report was to be completed. ator Job Description, dated December 2011, reveale e facility in accordance with customer needs, govern g excellent care for the residents while achieving th 215 physician's orders [REDACTED]. The medicatio toin card date 03/24/15 (the date 04/07/15, revealed ion realard to Re30/31/5, prior to the morning dose of [] DN NAMEJ medication card still had ten (10) tablets of the Medication Administration Record (MAR) re at the medication had not been held or refused they re included obtaining laboratory results for nine (9) res. Review of the laboratory tests revealed six (6) of th Further review of the facility's investigation reveale	ldress the medication concerns (refer vere provided as per the resident's e Jeopardy was determined to exist on Care (F333), 42 CFR 483.60 Pharmacy Service: do of the Immediate Jeopardy on 04/20/15. moval of the Immediate Jeopardy on 04/20/15. The table of the Immediate Jeopardy was 20 Resident Assessment (F282), 42 CFR FR 483.75 Administration (F490 and F514) re activities. ancies, dated December 2009, revealed hysician, Director of Nursing, a medication discrepancy as an omission of er revealed when a medication and welfare. The policy revealed a d the Administrator would lead and ment regulations and Company the facility's business objectives. on was initially ordered 08/17/14. 1 on 04/01/15, Resident #11's rd was received from the pharmacy), revealed ing on the medication card. The MEDICATION NAME] being administered, s remaining on the card. Even though the pill vereled staff documented the medication was revious day. The facility initiated an sidents who received medications that the nime (9) residents tested had

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015
NAME OF PROVIDER OF SU		STREET ADD	DRESS, CITY, STATE, ZIP
IGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH N PIKEVILLE,	MAYO TRAIL , KY 41501
For information on the nursing (X4) ID PREFIX TAG	· ·	cy, please contact the nursing home or the state s DEFICIENCIES (EACH DEFICIENCY MUST E	
	OR LSC IDENTIFYING INFOR		PRECEDED BI FULL REGULATOR I
F 0490	(continued from page 11) allegation.		
Level of harm - Immediate jeopardy Residents Affected - Some	monitoring were not being disper per physician's orders [REDACT Further review of the Dispending	tion Dispensing records, dated 12/01/14 through sed by the pharmacy in the amount required to e ED]. Records revealed Resident #11's [MEDICATION	ensure they were available to be administered
	(43) days to get the [MEDICATI	xty-five (65) days for his/her [MEDICATION N DN NAME] (anti- [MEDICAL CONDITION] m	AME] [MEDICATION]) and up to forty-three aedication) refilled. Further review revealed there
	were up to forty-seven (47) days betwe twenty-five (25) days between rel NAME] (a 30-day supply) was di [MEDICATION NAME] bottle c been 130.5 ml remaining in the b The SSA's Consultant Pharmacist' between receipt of two of Residel Interview on 04/14/15 at 6:07 PM 04/01/15 after the morning medic medication card label was dated (ten (10) tablets on the card. The I interview revealed she immediate Resident #11 resided. Laboratory therapeutic monitoring were obta as part of the investigation. She si enough concrete evidence to say (6) residents were identified to ha pattern or trend was identified and Interview on 04/20/15 at 1:30 PM Treatment Team and it was detern Administrator was aware that Res and other residents had sub-thera actions to remove the Immediate 1) The Physician and Power of At identification of potential medica INURSE on 04/20/15 for any signs a on all six (6) residents' medications count was placed on each individ Nurse on 04/20/15 for any signs and alix (6) residents, the physic All isix (6) residents' medications count was placed on each individ Nurse, Medical Records Nurse or 2) The physician and POwer of At inappropriate documentation by the regional Nurse Consultant on 04/20/15, for any signs and six (6) residents, the physic All residents' medications were count was placed on each individ Nurse, Medical Records Nurse or 2) The physician and POAs for Re inappropriate documentation by the cordinators, Nursing Supervisor Record's Nurse or Regional Nurse consultant, on 04/20/15, to A hall residents' care plans were a 3) All residents' care plans were a. Social Services Quarterly Notes b. Activity Quarterly Notes not wi- c. Care plan updates-two (2) resid d. Behavior Management care pla 5) All residents' care plans were a coordinators, and Nursing Supervisor Records or Regional Nurse Consul- needs. 6) Education was provided to the Administrator, Plant Ops, Food S Coordinators, and Nursing Supervisor Records or Regional Nurse consul-	en refills of Resident #13's [MEDICATION NAME]. spensed to the facility on [DATE] for Resident # ontained 150 ml of liquid medication and by the title. s post survey review revealed there was a delay of the thit of the Director of Nursing (DON) revealed sh ation pass. She stated Resident #11's [MREDICATION NAME] Liqui '2/2/15 and only four (4) tablets had been admin DON stated she reviewed Resident #11's MAR ar ly initiated an investigation which included asse- levels for all residents on that hall that were ordi- ined. However, the DON stated review of the Ph- ated the administrative staff reviewed the investi- Resident #11 did not receive his/her medications ve sub-therapeutic laboratory levels, interview w 1 no further action was taken. with the Administrator revealed the allegation w mined there had been a thorough investigation of ident #11's medications, he stated he did not ne medication was not administered to Resident 4 when a medication discrepancy occurred immed to fury (POA) for Residents #11, #13, #14, #15, 4 ion errors by the Administrator, Director of Nur- ment Coordinator (SDC), Quality Assurances (C ant on 04/20/15. Residents #11, #13, #14, #15, # ion sproted and a medication reconciliation wa al pill packet and/or bottle of liquid medicine or Regional Nurse Consultant. sidents #11, #15, #16, and #17 were notified im the Administrator, DON, ADON, SDC, Nursing Suf audited by the DON, ADON, SDC, Nursing Suf audited by the Administrator, Assistant Administrator, 'Admissions, Social Services Director, Quality of e Consultant by 04/22/15 for accuracy of the clin tod. The following issues were identified and co were not within compliance- for three (3) residents ents • updates-two (2) residents and the current medication reconciliation. Th administrator, RSD, Central Supply, Housekeeg risors on 04/20/15 by the Regional Nurse Consultar • administrator, Regional Nurse Consultar • administrator, Regional Nurse Consultar • administering care to ensure highest practical p naintain clinical records in acce	ME] (anti-[MEDICAL CONDITION]); and up to Further review revealed 473 ml of [MEDICATION IS and dated as opened on 03/21/15; the documentation on the MAR there should have only of approximately twenty-three (23) days d (30-day supply). e conducted a random medication cart audit on TION NAME] raised a red flag because the nistered from the medication card leaving and no doses had been held or refused. Further sements of all residents on the hall where ered medications that require armacy Dispensing Records was not conducted igation and did not feel there was as ordered by the physician. Although six with the Director of Nursing revealed no vas discussed by the Interdisciplinary the discrepancy. Even though the pills for two (2) days (04/01/15-04/03/15), feel the allegation could be #11 per the physician's orders [REDACTED]. liate action should be taken to protect the 15. The facility implemented the following #16, and #17 were notified immediately upon sing (DON). Assistant Director of (A)Nurse, Nursing Supervisor, Medical Records 16, and #17 were assessed by the ADONs or QA es identified. Laboratory levels were drawn care plans were updated, as needed. as completed for accuracy and a current n 04/20/15 by the DON, ADONs, SDC, QA mediately upon identification of se, Nursing Supervisor, Medical Record's Nurse, or e-assessed by the ADONs or QA Nurse, on eid. pervisor, Medical Record's Nurse or Regional to the current Physician order [REDACTED]. or the liquid medications that could not be .; DON, ADONs, SDC, QA Nurse, MDS of Life, Dietary Manager, Chaplain, Medical ical records and that the records were rrected: mits ator, DON, ADONs, SDC, QA Nurse, MDS of life, Dietary Manager, Chaplain, Medical is at andards and practices that were 1. and State Registered Nurse Aides (SRNAs) on nt, DON, ADONs or the SDC regarding the noiliation, care plan policy and the procedure ysical, mental, and psychosocial al standards and practices that were 1. All clinical staff completed or will g provided. If 100% is not obtained then me
	follows: a. One random nurse per day, per	04/22/15 for medication reconciliation of residen shift, will complete a medication pass observation rs, Nursing Supervisor or Regional Nurse Consu	on with the DON, ADONs, SDC, Medical

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:1/6/2016 FORM APPROVED
TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 04/24/2015
AME OF PROVIDER OF SU		STREET ADDRESS	S, CITY, STATE, ZIP
GNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH MAY PIKEVILLE, KY 4	
or information on the nursing	home's plan to correct this deficient	cy, please contact the nursing home or the state survey	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PR MATION)	ECEDED BY FULL REGULATORY
F 0490	(continued from page 12)	plan was being followed and accurate along with com	material documentation was noted
Level of harm - Immediate jeopardy		Records Nurse, MDS Coordinators, Nursing Superviso	
Residents Affected - Some	medications of four (4) randomly was continued until immediacy w c. Nurses/KMAs received educati placing the discarded pill packets. DON, ADONs, SDC, Medical Re ten (10) discarded packets/bottles medications, confirm reorder pro process continued until immediac d. Nurses/KMAs placed the date/t to ensure an accurate date which "	on on 04/21/15 by the Regional Nurse Consultant, DO /bottles in the bottom drawer of the medication cart wf cords Nurse, MDS Coordinators, Nursing Supervisor per side compared to packets/bottles that were put inti- cess and that the medications were being given per the y was lifted. ime and their initials on the side of any new medicatio will allow for accurate reconciliation. Those liquid me	N, ADONs, SDC, or Nursing Supervisor or hen packet/bottle was finished. The or Regional Nurse Consultant audited, daily o service to reconcile physician's orders [REDACTED]. The n packet/bottle placed into service dications, a total of twenty-one
	 e. Reorder process below will con i) A nurse re-ordered medications administer. ii) A nurse then placed, on the cur iii) The DON and/or ADONs ran 1 medications due to be reordered, iv) Facility Formulary Nurse, AD0 	via the ezMAR alert system when three (3) to four (4) rent medication bubble pack, the date of reorder, and t the Refill Reminder Report from the ezMAR system, N had actually been reordered. ONs, SDC, QA Nurse, or Nursing Supervisors reconci	days of medication were left to heir initials. Monday - Friday, and validated that all led the Refill Reminder Report with the
	medications that were reordered h f. Nurses and KMAs were educate along with the scope of practice of	rt with the actual medication packet on the cart or store have actually arrived at facility. addrained on the medication administration policy and of the KMA. KMAs will not administer or document ac	procedure to include documentation
	Records Nurse, QA Nurse, Nursi process system was intact and wit This process will continue for two determine ongoing frequency of r 11) Education was provided for Li the Regional Nurse Consultant re 12) Medication pass audits were c nurses and KMAs by 04/22/15 to KMAs who had not completed a i	e reconciled two (2) times weekly, starting 04/20/15 by ng Supervisor, Regional Nurse Consultant or Chief Nu thin compliance along with ensuring residents medicat o (2) weeks and results will be reviewed in a weekly Q esident medication reconciliation at that time. icensed Nursing Staff by the Administrator, Assistant J garding the above stated plan by 04/21/15. ompleted by the DON, ADON, SDC, Medical Record- ensure that medications were administered without sig medication pass observation were not allowed to work eduled after 04/22/15. As of 04/24/15, 75% of all nurs	irsing Executive, to ensure reorder ions were administered as ordered. API meeting. The QAPI committee will Administrator, DON, ADON, the SDC, or s Nurse, or Regional Nurse Consultant for a gnificant medication error. Nurses or until the medication pass observations
	President of Operations, or the Cl removal of immediacy, then mon 14) The Administrator, Assistant A	Administrator, Special Projects, DON, Chief Operating	cy, weekly for four (4) weeks after g Officer, Chief Nurse Executive or
	twice weekly for four (4) weeks a follow-up as indicated. 15) A Quality Assurance meeting	ed compliance of the above stated audits/observations of and reported findings during weekly QA for four (4)we was held on 04/17/15, and again on 04/20/15 for furth dy. A Quality Assurance meeting will be held weekly f	eeks, for recommendations and further er recommendations regarding the plan
	recommendations and further foll **The State Survey Agency valid 1) Review of the medical records were notified of the potential med revealed Residents #11, #13, #14, and symptoms of adverse reaction laboratory levels on all six (6) res updated as needed. The residents' 04/03/15, 04/06/15, and 04/20/15 Resident #15 on 04/03/15 and 04, Administrative Staff counted all s and a current count was placed or ADONs, SDC, QA Nurse, Medic 2) Review of the medical record's Nu revealed Residents #11, #15, #16, symptoms of adverse reactions, w	ow up regarding the above stated plan. ated the Immediate Jeopardy was removed as follows: of Residents #11, #13, #14, #15, #16, and #17 revealed lication errors by the administrative staff. Further revice #15, #16, and #17 were assessed by the ADONs or th as from potential medication errors, with no issues iden- idents, the physician was notified of the results, and the laboratory results were obtained on the following day , Resident #13 on 04/03/15 and 04/19/15, Resident #14 20/15, Resident #16 on 04/03/15 and 04/17/15 and Re- six (6) residents' medications and a medication reconci- ne ach individual pill packet and/or bottle of liquid med al Records Nurse or Regional Nurse Consultant. evealed the physicians and POAs for Residents #11, #J of inappropriate documentation by the Administrator, I rese, or Regional Nurse Consultant on 04/20/15. Furthe and #17 were re-assessed by the ADONs or QA Nurse	d the residents' physicians and POAs ew of the medical records the QA Nurse, on 04/20/15, for any signs ntified. The facility obtained the residents' care plans were s by the facility: Resident #11 on 4 on 04/17/15, 04/17/15 and 04/19/15, sident #17 on 04/20/15. The liation was completed for accuracy dicine on 04/20/15 by the DON, 15, #16, and #17 were notified DON, ADONs, SDC, QA Nurse, Nursing r review of the medical records the, on 04/20/15, for any signs and
	Record's Nurse or Regional Nurse Physician order [REDACTED]. C 04/22/15.	e Consultant, on 04/20/15, and ensured that the current Diservations, on 04/24/15 revealed new bottles of med evealed all residents' charts were audited by the Admin	t medications, compared to the current lication were placed into service on
	Administrator, DON, ADONs, SI (SSD), Quality of Life, Dietary Manager,	DC, QA Nurse, MDS Coordinators, Nursing Superviso , Chaplain, Medical Record's Nurse or Regional Nurse cords were complete and accurately documented. The	or, Admissions, Social Services Director Consultant by 04/22/15 for accuracy of
	were corrected by the facility staf 5) Review of the facility's audits of Assistant Administrator, DON, A Director, Quality of life, Dietary 1 all residents' care plans reflected 1 6) Review of the facility's in-servi BOM, Quality of Life, Admission Housekeeping Supervisor, DON, Consultant. The education provid reconciliation, care plan policy, a highest practical physical, mental acceptable professional standards systematically organized. Intervice Life, Admissions, Assistant Adm DON, ADONs, SDC, MDS Coorn medication administration policy 7) Review of the facility's in-servi the Administrator, Assistant Adm administration policy and procedu	f. n 04/24/15, revealed all residents care plans were audi DONs, SDC, QA Nurse, MDS Coordinators, Nursing Manager, Chaplain, Medical Records or Regional Nur:	ited by the Administrator, Supervisor, Admissions, Social Services se Consultant by 04/22/15 to ensure ator, HR, Medical Record's Nurse, Director, SSD, Central Supply, rvisors on 04/20/15 by the Regional Nurse procedure to include medication lministering care to ensure aintain clinical records in tted, readily accessible and R, Med Record's Nurse, BOM, Quality of trtal Supply, Housekeeping Supervisor, as educated on 04/20/15 on care plans, the KMAs and SRNAs on 04/20/15 by or the SDC regarding the medication cy and the procedure to include

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015
CORRECTION	NUMBER 185094		
NAME OF PROVIDER OF SU		STREET ADD	RESS, CITY, STATE, ZIP
SIGNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH M PIKEVILLE, 1	IAYO TRAIL KY 41501
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state su	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST B MATION)	E PRECEDED BY FULL REGULATORY
F 0490	(continued from page 13)		
Level of harm - Immediate jeopardy	and SRNAs revealed the facility p medical record documentation, ca	ccessible and systematically organized. Interviews provided staff education that included information are planning and following the care plan and medi exception of staff who was on medical leave or w	n on the medication administration policy, acation reconciliation. Review of the
Residents Affected - Some	 post-test with a 100% score. 8) Review of new employee orien policy and procedure, care plan p and that the information was add staff had been provided informati administrative oversight, and con 9) Review of the new process for 04/22/15. The process was as foll a. Review of the facility addits review of the facility's audits review of the facility's in-servi Consultant, DON, ADONS, SDC, the medication administration. To: Review of the facility's in-servi Consultant, DON, ADONS, SDC, the medication cart when the pace Medical Records Nurse, MDS Cc packets/bottles per unit daily and confirm the reorder process and the facility's indices and an observatio d. Observations of the medication packe date 04/22/15. e. Review of the medication re-ord i) Interviews, on 04/24/15, with n iii) Interviews on 04/24/15, with the eztMAR system, Monday-Friiv) Interviews on 04/24/15, with the staff reconciled the Refill Remind the cart or stored in overflow to e f. Review of the facility's audits and 10) Review of the facility's audits and 10) Review of the facility's audits and interviews on 04/24/15, with the staff reconciled the Refill Remind the cart or stored in overflow to e f. Review of the facility's audits and interviews on 04/24/15, with the staff reconciled the Refill Remind the cart or stored in overflow to e f. Review of the facility's audits and interviews on 04/24/15, with the staff reconciled the Refill Remind the cart or stored in overflow to e f. Review of the facility's audits and interviews on 04/24/15, with the staff was provided education reggional Nurse Consultant and C weekly with no issues identified. 11) Review of the facility's audits and interviews on 04/24/15 with the facility's and the cart or stored in overflow to e f. Review of the addition and function reggional Nurse Consultant and C weekly with no issues	tation revealed newly hired staff would receive ed olicy and procedure, administrative oversight, and ed to the new hire orientation. Interviews on 04/24 on on medication administration policy and proce plete and accurate clinical records. medication reconciliation of residents' medication ows: vealed one random nurse per day, per shift complet 1 Record's Nurse, MDS Coordinators, Nursing Su inistration, the resident's care plan was being follo evealed the DON, ADONs, SDC, Medical Record onciled the medications of four (4) randomly sele the audits revealed the process was ongoing on 04 ces revealed the nurses/KMAs received education , or Nursing Supervisor on placing the discarded p ket/bottle was finished. Review of the facility's au ordinators, Nursing Supervisor or Regional Nurse compared them to packets/bottles that were put in hat the medications were being given per the phys n of the medications are no 04/24/15, revealed the carts on 04/24/15 revealed the nurses/KMAs had t/bottle. Further observations of the medication cart on was left to administer. interviews with nursing staff, on 04/24/15, revealed the DON and ADONs revealed the administrative day, and validated that all medications due to be r he Facility Formulary Nurse, ADONs, SDC, QA is revealed nurses and KMAs were educated/train sure medications that were reordered had actuall is revealed nurses of Nurse, QA Nurse, Nursing 04/24/15 with the DON, ADONs, SDC, Ad Nurse, Nursing 04/24/15 with the DON, ADONs, SDC, Medical hief Nursing Executive revealed all residents' medi- cations or Nurse QA Nurse, Nursing 04/24/15 with the DON, ADONs, SDC, Medical hief Nursing Executive revealed all residents' med- vices revealed education was provided for License DONs SDC, or the Regional Nurse Consultant rege defininistrator, DON, ADON, SDC, and the Regio ruting all areas of the corrective plan. dits revealed the audits were completed by the DO nurses and KMA by 04/22/15. Interviews and beer he Special Projects Administrator, the Regional V isstrative oversight o	Aucation regarding medication administration a complete and accurate clinical records 1/15, with newly hired staff revealed the edure, care plan policy and procedure, as revealed the process was initiated on ted a medication pass observation with pervisor or Regional Nurse Consultant to ensure wed and accurate, and to ensure Is Nurse, MDS Coordinators, Nursing Supervisor cted residents daily to ensure compliance 1/24/15. 10 00 4/21/15 by the Regional Nurse oill packets/bottles in the bottom drawer of dits revealed the DON, ADONS, SDC, e Consultant audited ten (10) discarded tto service to reconcile medications, sician's orders [REDACTED]. Review of the process was ongoing on 04/24/15. placed the date/time and their initials on trs revealed liquid medications were place s via the ezMAR alert system when three ed a nurse placed the date of reorder staff ran the Refill Reminder Report from eordered, had actually been reordered. Nurse, and Nursing Supervisors revealed the eport and the actual medication packet on ty arrived at the facility. ed on the medication administration policy 4A. Interviews, on 04/24/15, with nurses s of practice for the KMA. d two (2) times weekly, starting on Supervisor, Regional Nurse Consultant or Chief Records Nurse, QA Nurse, Nursing Supervisor, dications were reconciled two (2) times ed Nursing Staff by the Administrator, garding the above stated plan by 04/21/15. nal Nurse Consultant revealed licensed nursing DN, ADON, SDC, Medical Records Nurse, or 24/15 with the DON, ADON, SDC, Medical n completed with all nurses and KMAs by ice President of Operations, and the Chief sy the Special Projects Administrator, eated the administrative staff audited the
F 0514		ganized clinical records on each resident that n	neet
Level of harm - Immediate jeopardy Residents Affected - Some	Based on observation, interview, a of Kentucky Board of Nursing A documented Medication Adminis #16 and #17). Review of the resid documented they administered re observation of Resident #15's me residents' physicians: Resident #1 [MEDICATION NAME] [MEDI psychiatric disorders);	TS HAVE BEEN EDITED TO PROTECT CONFI and review of the facility's policies, pharmacy med dvisory Opinion Statement #15 it was determined tration Records (MARs) for five (5) of thirty (30) lents' MARs and interviews with staff revealed fro sidents' medications per physician's orders [RED/ dication, revealed the following medications were 1's [MEDICATION NAME] (medication to treat CATION]) and [MEDICATION NAME] (anti-[M	dication dispensing records, and review the facility failed to maintain accurately sampled residents (Residents #11, #13, #15, om December 2014 through 04/17/15, staff ACTED].#11, #13, #16, and #17, and e not administered as ordered by the an abnormal heartbeat); Resident #17's <i>IEDICAL CONDITION</i>] and treat some
	#15's	NAME] (anti-[MEDICAL CONDITION]); Reside	
	lab	(03/15, the facility obtained physician's orders [RE	
	results revealed Residents #11, #, treat or cure the disease process) Additional review of Medication / of Kentucky to administer medic: inserted through the abdomen tha Residents #11, #15, #16, and #17 The facility's failure to have an eff plan of care was likely to cause st 04/02/15 at 42 CFR 483.75 Adm An acceptable Allegation of Comp 04/23/15. An extended survey wa removed on 04/23/15, which low 483.25 Quality of Care (F333), 4:	17, #13, and #16's medication levels were subthera (refer to F282, F333, F425, and F490). Administration Records (MARs) revealed a medic ations via a resident's gastrostomy tube (a gastrost t delivers nutrition directly to the stomach), docur 's gastrostomy tubes, when the medications were a fective system in place to ensure care and services erious injury, harm, impairment, or death. Immedi lent Assessment (F282), 42 CFR 483.25 Quality o inistration (F490 and F514). The facility was noti plance was received on 04/23/15, which alleged r is conducted on 04/24/15. The State Survey Agene ered the Scope and Severity to an E at 42 CFR 483.60 Pharmacy Services (F425), and, 42 'ectiveness of systemic changes and quality assura	cation aide, who is not authorized in the state comy tube, or [DEVICE], is a tube mented she administered medications via administered by licensed staff. swere provided as per the resident's iate Jeopardy was determined to exist on of Care (F333), 42 CFR 483.60 Pharmacy Services fied of the Immediate Jeopardy on 04/20/15. removal of the Immediate Jeopardy on cy determined the Immediate Jeopardy was 3.20 Resident Assessment (F282), 42 CFR CFR 483.75 Administration (F490 and F514)
FORM CMS-2567(02-99)	Event ID: YL1011	Facility ID: 185094	If continuation sheet

ENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
TATEMENT OF EFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 185094	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2015
AME OF PROVIDER OF SU		STREET ADDRESS, CI	
GNATURE HEALTHCAR	E OF PIKEVILLE	260 SOUTH MAYO TR PIKEVILLE, KY 41501	
or information on the nursing (X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	cy, please contact the nursing home or the state survey ager DEFICIENCIES (EACH DEFICIENCY MUST BE PRECE	•
	OR LSC IDENTIFYING INFOR		DED BT FOLL REOULATORT
F 0514	(continued from page 14) The findings include:		
Level of harm - Immediate jeopardy Residents Affected - Some	medications were administered as and practices, and only by person accordance with written orders of record the administration on the r scheduled medication was withhe	ed Medication Administration General Guidelines, dated Des prescribed in accordance with the manufacturer's specifica s legally authorized to do so. The policy further stated medi 'the prescriber. The individual who administered the medic esident's MAR immediately following the medication being id, refused, or given at a time other than the scheduled time	tions, good nursing principles ications were administered in ation dose was required to g given. If a dose of regularly
	Review of the facility's policy title medication discrepancies were do responsible party, and the Perform medication due to a prescribing, c discrepancy occurred immediate a policy revealed the attending phy to be monitored closely for 24 to discrepancy/error/incident report	cal record revealed the resident had [DIAGNOSES REDAC	a, Director of Nursing, cation discrepancy as an omission of ed when a medication lfare. Continued review of the screpancy and the patient was ed a medication
		or December 2014 through 04/17/15 staff documented one	(1) dose of [MEDICATION NAME]
	omitted on 01/05/15. Staff docum [REDACTED].>However, review Resident #11's [MEDICATION N for use) revealed ten (10) of fourt medication card again on 04/03/1 [MEDICATION NAME] medica: Record (MAR) revealed staff doc refused the previous day. Review of the pharmacy's medicat NAME] tablets were dispensed fc 02/11/15, 02/25/15, 03/25/15, and dispensed ninety-eight (98) [MEI	tented all other doses of [MEDICATION NAME] were adn v of the facility's investigation related to Resident #11, dates VAME] medication card dated 03/24/15 (the date the medic een (14) tablets were remaining on the medication card. Th 5 (two days later), prior to the morning dose of [MEDICAT tion card still had ten (10) tablets remaining on the card. Re umented the medication was administered on 04/02/15 and tion dispensing records, dated 12/01/14 through 04/17/15, r r Resident #11 seven (7) times since 12/10/14 (dispensed of 104/15/15). During the timeframe reviewed (12/10/14 through OCATION NAME] tablets; however, the resident required diminister the resident's [MEDICATION NAME] per the pl	d 04/07/15, revealed on 04/01/15, ation card was received by the facility e facility audited the 'ION NAME], and Resident #11's view of the Medication Administratio the medication had not been held or evealed fourteen (14) [MEDICATION nn 12/10/14, 12/21/14, 01/28/15, 19th 04/16/15) the pharmacy one hundred twenty-eight (128)
	Review of Resident #11's [MEDIC was at a sub-therapeutic level.	CATION NAME] laboratory levels dated 01/05/15 and 04/0	03/15 revealed the resident's medication
		cal record revealed the resident had a [DIAGNOSES REDA	CTED].#17's physician's orders
	resident on 01/05/15. Staff docum dose of [MEDICATION NAME] (03/08/15, 03/17/15, 03/18/15, 03 Review of the pharmacy medicati (30) capsules of [MEDICATION for a total of sixty (60) capsules.] administer the resident's [MEDIC Further review of the pharmacy m capsules of [MEDICATION NAM	for 12/01/14 through 04/04/15 revealed staff omitted one do nented all other doses had been administered. Further review on 04/04/15 and documented that the medication was not a /22/15, and 03/23/15). All other doses were administered, a on dispensing records dated 12/01/14 through 04/17/15, rev NAME] 250 mg (a 30-day supply) twice from 12/18/14 th However, one hundred seven (107) capsules were required ATION NAME] per the physician's orders [REDACTED]. delication dispensing records revealed the pharmacy dispen ME] 125 mg (a 30-day supply) on 02/20/15; however, the m	v revealed staff omitted one dministered on five (5) other occasion (ccording to the MARs. ealed the pharmacy dispensed thirty (ough 04/04/15 (12/18/14 and 1/28/15) for the staff to be able to sed one hundred twenty (120)
		er. ry results revealed on 04/03/15, the resident's [MEDICATI	ON NAME] Acid ([MEDICATION
	NAME] level was sub-therapeutic had increased to 9.1 mcg/ml on 0		ic range is 5 - 12 mcg/ml), but
	[REDACTED].	by the SSA 's pharmacist consultant, it was determined Res	-
	orders [REDACTED].	cal record revealed the resident had [DIAGNOSES REDAC for January through March 2015, revealed staff documented	
	medication was administered as or Review of the pharmacy medication supply) of [MEDICATION NAM were forty-seven (47) days betwee	rdered. on dispensing records for Resident #13 revealed the pharma [E] liquid medication four (4) times from 12/03/14 through en refills from 01/08/15 through 02/24/15. However, 1,050	cy dispensed 300 ml (a 30-day 03/18/15, for a total of 900 ml. There
	Review of Resident #13's laborato 23 mcg/ml (normal range is 5 - 63 sub-therapeutic (2.0 mcg/ml and 2 During the SSA's post-survey revi	tion per physician's orders [REDACTED]. ry results revealed on 12/01/15, the resident's [MEDICATI 3 mcg/ml). However, on 03/02/15 and 04/03/15, the residen 2.9 mcg/ml, respectively). ew by the State Agency Pharmacist Consultant, it was dete: port from 12/01/14 through 04/04/15 revealed Resident # 1	t's [MEDICATION NAME] level wa rmined through review of the
	refills were supplied as 30-day in (12/03/14, 01/08/15, 02/24/15, an approximately six (6) days late. L subsequent refill of 300 ml forty-	portion 1207 14 unlogation of 567 17 because revealed the resist d 03/19/15) of [MEDICATION NAME] Liquid during that ikewise, after receiving the 300 ml refill on 01/08/15, the re- seven (47) days later on 02/25/15, or approximately sevente n received approximately 30 days later, on/about 02/07/15.	lent received four (4) refills time. Thus, the subsequent refill was esident received a
	medication as ordered; two (2) do April 2015 for a total of five (5) do 4. Review of Resident #16's media	cal record revealed the resident had [DIAGNOSES REDAC	2015, and two (2) doses in
	[MEDICATION NAME] Acid or administered as ordered for all other doses during	for 12/01/14 through 04/17/15 revealed staff omitted the res 01/05/15; however, staff documented the resident's [MED these months.	ICATION NAME] Acid was
	supply) of [MEDICATION NAM twenty-six (26) days later. Review of Resident #16's [MEDIC NAME]	medication dispensing records revealed the pharmacy disp IE] for Resident #16 on 01/24/15. However, the medication CATION NAME] Acid laboratory level dated 04/03/15 reve	was not refilled again until 02/18/15,
	5. Review of Resident #15's media Further review revealed the reside	20.6 mcg/ml (therapeutic range is 50 - 100 mcg/ml). cal record revealed the facility readmitted the resident on 03 in thad a [DIAGNOSES REDACTED]. s MARs for 03/20/15 through 04/17/15 revealed staff docured by the resident's physician.	
	Review of the pharmacy's medicat to the facility on [DATE]. Observation on 04/17/15 at 2:20 P	M of Resident #15's [MEDICATION NAME] medication liceton was dated as opened on 03/21/15, one day after the	bottle, that was available for use in the

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

Event ID: YL1011

Facility ID: 185094

If continuation sheet Page 15 of 17

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED:1/6/2016 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
CORRECTION	NUMBER 185094	D. WING	04/24/2015
IAME OF PROVIDER OF SU IGNATURE HEALTHCAR			DDRESS, CITY, STATE, ZIP I MAYO TRAIL
			E, KY 41501
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D	DEFICIENCIES (EACH DEFICIENCY MUST	Γ BE PRECEDED BY FULL REGULATORY
F 0514	OR LSC IDENTIFYING INFORM (continued from page 15)	MATION)	
Level of harm - Immediate jeopardy	facility. The bottle contained 150 Review of Resident #15's laborate 63 mcg/ml). However, on 04/03/1	ml. However, according to the resident's physical revealed on 01/20/15, the resident's 15, the resident's level had decreased to a sub-time document that listed residents who had be	level was 8.0 mcg/ml (normal range is 5 - herapeutic level of 5.0 mcg/ml.
	 63 mcg/ml). However, on 04/03// Review of heacility's Status Chi from December 2014 through Ap during the times the discrepancies Interview of Net NH 1 on 04/14/15 04/16/15 at 12:14 PM, with Kentt PM, revealed staff denied any res Interview on 04/14/15 at 6:07 PM discrepancies daily and had not to medication passes with the nursin 6. Review of Kentucky Board of 1 aides may function by administer and under the supervision of a reg Review of the Kentucky Medicati via tubes inserted into any body of Review of Residents #11, #15, #1- Review of Residents #11, #15, #1- Review of Resident #11 and #17's [DEVICE] medications to the res 2015, and four (4) days in April 2 Review of Resident #15's MARs 1 [DEVICE] medications on four (4 three (3) days in April 2015. Interview with KMA #1 on 04/17, stated the residents' MARs had had (eMAR) when the licensed nursei electronic MAR under their own administered oral medications. Interview with RN #1 on 04/14/15 at 1021/CE]s. They stated the sign in before administering [DE' could provide no evidence this pr Interview with the facility's Corp they were not aware nursing staff KMA was signed/logged into the Interview on 04/14/15 at 6:07 PM administrative staff randomly obs related to KMAs documenting ad **The facility provided an accepti actions to remove the Immediate 1) The Physician and Pover of At identification of potential medications. Count was placed on each individ Nurse, Medical Records Nurse or 2) The physician and POAs for Re inappropriate documentation by t Regional Nurse Consultant on 04 04/20/15, for any signs and symp 3) All residents' medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Consultant, on 04/20/15, to A new bottle of medications were Nurse Con	 15, the resident's level had decreased to a sub-tinge document that listed residents who had be initial 2015 revealed Residents #11, #13, #15, #16 start is 203 PM, with Licensed Practical Nurse (Lucky Medication Aide (KMA) #1 on 04/17/15 ident's medication was not administered per pl with the Director of Nursing (DON) revealed lentified any concerns. The DON further state tog staff and had not identified any concerns. Sursing Advisory Opinion Statement #15 reversing oral and topical medications in long-term cigistered nurse or licensed practical nurse. on Aide (KMA) course curriculum revealed m avity. 6, and #17's physician's orders [REDACTED]. MARs for January 2015 through April 2015 revealed 120 (2015). MARs for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days in January 2015, three (3) days in Febri for January 2015 through April 2015 revealed 14) days i	herapeutic level of 5.0 mcg/ml. en admitted , transferred, or discharged 5, and #17 had not been absent from the facility, PN) #5 on 04/16/15 at 11:55 PM, with RN #6 on at 1:27 PM, and with LPN #6 on 04/17/15 at 3:29 hysician's orders [REDACTED]. [REDACTED]. the DON only reviewed MARs for omissions and 1 administrative staff observed random aled unlicensed personnel known as medication care facilities only through delegation by edication aides DO NOT: . administer medications revealed KMA #1 documented that she administered (3) days in February 2015, one day in March KMA #1 documented she administered Resident #15' uary 2015, and three (3) days in April 2015. KMA #1 documented she administered Resident #15' uary 2015, one (1) day in March 2015, and "medications via residents' [DEVICE]s. She he electronic Medication Administration Record d nursing staff failed to sign into the dications. The KMA further stated she only PN) #5 on 04/16/15 at 11:55 PM, with RN #6 on always administered medications for residents he resident's electronic MAR and they should note in the electronic MAR; however, the staff 1 and the DON on 04/17/15 at 3:45 PM revealed administered [DEVICE] medications when the for omissions and discrepancies daily and stated no concerns had been identified 3/15. The facility implemented the following 5, #16, and #17 were notified immediately upon ursing (DON), Assistant Director of (QA)Nurse, Nursing Supervisor, Medical Record's s fla, and #17 were assessed by the ADONs or QA uses identified. Laboratory levels were drawn ts' care plans were updated, as needed. was completed for accuracy and a current on 04/20/15 by the DON, ADONs, SDC, QA mmediately upon identification of urse, Nursing Supervisor, Medical Record's Nurse, on re-assessed by the ADONs or QA Nurse, on ified. bupervisor, Medical Record's Nurse or Regional d to the current Physician order [REDACTED]. 5 for the liquid medications that could not be or, DON, ADONs, SDC, QA Nurse, MDS ty of Life, Dietary Manager, Chaplain, Medical linical record
	6) Education was provided to the Administrator, Plant Ops, Food S Coordinators, and Nursing Super administration policy and procedu included following the care plan, well-being of each resident, and r	visors on 04/20/15 by the Regional Nurse Con- ire which included medication reconciliation. administering care to ensure highest practical maintain clinical records in acceptable professi	eeping Supervisor, DON, ADONs, SDC, MDS sultant regarding the facility's medication The care plan policy and the procedure physical, mental, and psychosocial onal standards and practices that were
	7) Education was initiated for lice 04/20/15 by the Administrator, A Medication Administration Policy to include following the care plan well-being of each resident, and r complete, accurately documented complete a post-test and score 10 the staff member will be re-educa understanding of the material cov education. Those clinical staff me sent a certified letter and were no 100% score obtained. As of 04/22	ssistant Administrator, Regional Nurse Consul y and Procedure which included medication re- i, administering care to ensure highest practical naintain clinical records in acceptable professi , readily accessible and systematically organiz 0% to ensure understanding of education/traini ted and a post-test re-administered until the st ered. Clinical staff was not allowed to work pr mbers that were on Family Medical Leave Ac t allowed to work until the education had been 5/15, 60% of all licensed staff and clinical staff	s) and State Registered Nurse Aides (SRNAs) on tant, DON, ADONs or the SDC regarding the conciliation, care plan policy and the procedure l physical, mental, and psychosocial onal standards and practices that were ed. All clinical staff completed or will ing provided. If 100% is not obtained then aff member obtains 100% score to ensure rior to receiving the above stated t (FMLA), leave or work as needed (PRN) were received and a post-test completed with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER / SUPPLIER / CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SURVEY COMPLETED NUMBER IDENNTIFICATION NUMBER B. WING 04/24/2015 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP	CENTERS FOR MEDICARE			PRINTED:1/6/2016 FORM APPROVED OMB NO 0038 0301
 NAME OF PROVIDER OF SUPPLY INF. YERTET ADDRESS, CITY, STATE, 20 YAME, AND MARKEN, MARKE	DEFICIENCIES AND PLAN OF	/ CLIA IDENNTIFICATION NUMBER	À. BUILDING	ĊOMPLETED
PREVENTLAS KY 4980 (4) (4) DREPRY TAG (3) MAMARY STATINET OF DEFICIENCIES (LACH DEFICIENCY MIST HE PRECEDED DY NULL REGULATORY (4) DREPRY TAG (3) MAMARY STATINET OF DEFICIENCIES (LACH DEFICIENCY MIST HE PRECEDED DY NULL REGULATORY (4) DREPRY TAG (4) MAMERY STATINET OF DEFICIENCIES (LACH DEFICIENCY MIST HE PRECEDED DY NULL REGULATORY (4) CAL & General with an be allowed to ownel and administration observation pass where in the proves of heirg (communic) and with an be allowed to ownel and administration observation pass where administrative (communic) and with an be allowed to ownel and administration observation pass where administrative (communic) and with an be allowed to ownel and administration observation pass where administrative (communic) and with an be allowed to ownel administrative administrative (communic) administration observation, administrative (communic) and with an be allowed to ownel administration observation with the DON, ADDNs, SDC, Medical (communic) and ownel administrative observation with the DON, ADDNs, SDC, Medical (communic) and ownel administrative observation with the DON, ADDNs, SDC, Medical (communic) and ownel administrative observation with the DON, ADDNs, SDC, Medical (communic) and ownel administrative observation with the DON, ADDNs, SDC, Medical (communic) and ownel administrative observation (communic) administrative observation (communic) and ownel administration observation with the downel administration observation with the downel administration observation (communic) administrative observation (communic) (communic) admin	NAME OF PROVIDER OF SU		STREET AD	DRESS, CITY, STATE, ZIP
 ON-10 PREFIX TAG SLMMARY STATEMENT OF DEFICINCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PO14 ContinuedTron page 16) ContinuedTron page 160, 2015 ContinuedTron page 2016 ContinuedTron page 20	SIGNATURE HEALTHCAR	E OF PIKEVILLE		
 POS14 (continued. Tomp page 10. (continued. Tomp page 10.				
 Level of harm - immedian potential will be a strain of the section will be a strain be accompleted and 100% sector obtained. One constraints and and the sector obtained and 100% sector obtained. One constraints and sectors appleted and 100% sector obtained to be accompleted and sectors and sectors appleted and sectors. The sector obtained and 100% sector obtained to be accompleted and sectors appleted and sectors appleted and sectors appleted and sectors. The sector obtained to the sector obtained and the sectors appleted and sectors. The sectors are appleted and sectors appleted and sectors appleted and sectors appleted and sectors appleted and sectors. The sectors are appleted and sectors appleted appl	(X4) ID PREFIX TAG			BE PRECEDED BY FULL REGULATORY
 04/03/15, 04/06/15, and 04/20/15, Resident #13 on 04/03/15 and 04/19/15, Resident #14 on 04/17/15, 04/17/15 and 04/19/15, Resident #15 on 04/03/15 and 04/20/15, Resident #16 on 04/03/15 and 04/17/15 and Resident #17 on 04/20/15. The Administrative Staff counted all six (6) residents' medications and a medication reconciliation was completed for accuracy and a current count was placed on each individual pill packet and/or bottle of liquid medicine on 04/20/15 by the DON, ADONs, SDC, QA Nurse, Medical Records Nurse or Regional Nurse Consultant. 2) Review of the medical record revealed the physicians and POAs for Residents #11, #15, #16, and #17 were notified immediately upon identification of inappropriate documentation by the Administrator, DON, ADONs, SDC, QA Nurse, Nurse, Nersing Supervisor, Medical Record's Nurse, or Regional Nurse Consultant on 04/20/15. Further review of the medical records surse or Regional Nurse Consultant on 04/20/15, for any signs and symptoms of adverse reactions, with no issues identified. 3) Review of the medication audits revealed the audits were completed by the DON, ADON, SDC, Nursing Supervisor, Medical Record's Nurse on 04/20/15, and ensured that the current medications, compared to the current Physician order [REDACTED]. Observations, on 04/20/15, and ensured that the current medications, compared to the current Physician order the facility's audits revealed all residents' charts were audited by the Administrator, Assistant Administrator, DON, ADONs, SDC, QA Nurse, MDS Coordinators, Nursing Supervisor, Admissions, Social Services Director (SSD), Quality of Life, Dietary Manager, Chaplain, Medical Record's Nurse Consultant by 04/22/15 for accuracy of the clinical records and that the records were complete and accurately documented. The audits revealed issues identified were corrected by the facility staff. 	SIGNATURE HEALTHCAR For information on the nursing (X4) ID PREFIX TAG F 0514 Level of harm - Immediate jeopardy	 E OF PIKEVILLE home's plan to correct this deficient SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFORI (continued from page 16) until 1:1 education with post-test contacted and will not be allowed education has been provided, eac ADONs, SDC, Nursing Supervis 8) Education regarding medication oversight, and complete and accu 9) A new process was initiated on follows: a. One random nurse per day, per Records Nurse, MDS Coordinato administration, the resident's care b. DON, ADONs, SDC, Medical 1 the medications of four (4) randomly was continued until immediacy w. c. Nurses/KMAs received educati placing the discarded pill packets DON, ADONs, SDC, Medical Rd ten (10) discarded packets/bottles medications, confirm reorder pro process continued until immediad. d. Nurses/KMAs placed the date// to ensure an accurate date which (21), that could not be counted, de e. Reorder process below will con i) A nurse re-ordered medications administer. ii) A nurse then placed, on the cur iii) The DON and/or ADONs ran medications due to be reordered, iv) Facility Formulary Nurse, AD nightly medication manifest repo medications that were reordered 11 f. Nurses and KMAs were educata along with the scope of practice of by mouth (PO) or topical. 10) All residents medications wers process system was intact and wit This process will continue for tw determine ongoing frequency of r 11) Education pass audits were to runurses and KMAs by 04/22/15 to KMAs who had not completed a had been completed for shifts sch medication pass audits were to 11) Medication pass audits were to infor inpast audits were to removal of immediacy, then mon 14) The Administrator, Assistant. Regional Nurse Consultant audits twice weekly for four (4) weeks a follow-up as indicated. 15) A Quality Assurance meeting if or removal of Immediaet Jeopan recommendations and further foll **The State Survey Agency valid i Neview of the medical record	260 SOUTH PIKEVILLE cy, please contact the nursing home or the state DEFICIENCIES (EACH DEFICIENCY MUST MATION) was completed, and, 100% score obtained. The to work until education with post-test has been h licensed nurse will complete a medication adn or, or Regional Nurse Consultant. a administration policy and procedure, care plan rate clinical records were included in the new hi 04/22/15 for medication reconciliation of reside shift, will complete a medication pass observatir rs, Nursing Supervisor or Regional Nurse Consul- shift, will complete a medication pass observatir rs, Nursing Supervisor or Regional Nurse Consul- shift, will complete a medication pass observatir rs, Nursing Supervisor or Regional Nurse Consul- secords Nurse, MDS Coordinators, Nursing Sup- selected residents daily to ensure compliance w vas lifted. on on 04/21/15 by the Regional Nurse Consul- tary bottles in the bottom drawer of the medication - tecords Nurse, MDS Coordinators, Nursing Supe- per side compared to packets/bottles that were cess and that the medications were being given po- ry was lifted. inte and their initials on the side of any new med- will allow for accurate reconciliation. Those lique to opacity of container, a new bottle was obta- tinue until immediacy was lifted: via the ezMAR alert system when three (3) to for- rent medication bubble pack, the date of reorder cons, SDC, QA Nurse, or Nursing Supervisors r rt with the actual medication administration polio of the KMA. KMAs will not administration polio of the the defile results will be reviewed in a we resident medication reconciliation at that time. icensed Nursing Staff by the Administration, Ass garding the above stated plan by 04/21/15. ompleted by the DON, ADON, SDC, Medical F ensure that medication were not allowed to reducation pass observation were not allowed to reducing	MAYO TRAIL , KY 41501 survey agency. BE PRECEDED BY FULL REGULATORY remaining 25% were in the process of being completed and 100% score obtained. Once ninistration observation pass with the DON, policy and procedure, administrative re orientation. ents' medications. The process is as on with the DON, ADONs, SDC, Medical ultant to ensure compliance with medication th completed documentation was noted. pervisor, or Regional Nurse Consultant reconciled with medication administration. This process nt, DON, ADONs, SDC, or Nursing Supervisor on cart when packet/bottle was finished. The rvisor or Regional Nurse Consultant audited, daily, put into service to reconcile per the physician's orders [REDACTED]. The dication packet/bottle placed into service uid medications, a total of twenty-one ined and placed in service by 04/22/15. our (4) days of medication were left to r, and their initials. stem, Monday - Friday, and validated that all econciled the Refill Reminder Report with the per stored in overflow to ensure cy and procedure to include documentation nent administering any medications other than 0/15 by the DON, ADONs, SDC, Medical nief Nursing Executive, to ensure reorder nedications were administered as ordered. ekly QAPI meeting. The QAPI committee will isistant Administrator, DON, ADON, the SDC, or Records Nurse, or Regional Nurse Consultant for all tout significant medication pass observations all nurses and KMAs had completed a a Administrator, the Regional Vice mediacy, weekly for four (4) weeks after verating Officer, Chief Nurse Executive or ations daily until removal of immediacy, then r (4)weeks, for recommendations and further r further recommendations regarding the plan eekly for four (4) weeks, then monthly for Hows: evealed the residents' physicians and POAs er review of the medical records Is or the QA Nurse, on 04/20/15, for any signs tes identified. The facility obtained and the residents' care plans were
		updated as needed. The residents 04/03/15, 04/06/15, and 04/20/15 Resident #15 on 04/03/15 and 04 Administrative Staff counted all s and a current count was placed on ADONs, SDC, QA Nurse, Medic 2) Review of the medical record r immediately upon identification of Supervisor, Medical Record's Nu revealed Residents #11, #15, #16 symptoms of adverse reactions, w 3) Review of the medication audit Record's Nurse or Regional Nurs Physician order [REDACTED]. O 04/22/15. 4) Review of the facility's audits r Administrator, DON, ADONs, SI (SSD), Quality of Life, Dietary Manager the clinical records and that the re-	¹ laboratory results were obtained on the followin , Resident #13 on 04/03/15 and 04/19/15, Resid (20/15, Resident #16 on 04/03/15 and 04/17/15 six (6) resident will fo on 04/03/15 and 04/17/15 six (6) residents' medications and a medication r n each individual pill packet and/or bottle of liqu al Records Nurse or Regional Nurse Consultant vealed the physicians and POAs for Residents ³ of inappropriate documentation by the Administ rse, or Regional Nurse Consultant on 04/20/15. and #17 were re-assessed by the ADONs or Qv vith no issues identified. s revealed the audits were completed by the DO e Consultant, on 04/20/15, and ensured that the of Dbservations, on 04/24/15 revealed new bottles of evealed all residents' charts were audited by the DC, QA Nurse, MDS Coordinators, Nursing Sup , Chaplain, Medical Record's Nurse or Regional ecords were complete and accurately documente f.	ng days by the facility: Resident #11 on ent #14 on 04/17/15, 04/17/15 and 04/19/15, and Resident #17 on 04/20/15. The econciliation was completed for accuracy i #11, #15, #16, and #17 were notified rator, DON, ADONS, SDC, QA Nurse, Nursing Further review of the medical records A Nurse, on 04/20/15, for any signs and NN, ADON, SDC, Nursing Supervisor, Medical current medications, compared to the current of medication were placed into service on Administrator, Assistant pervisor, Admissions, Social Services Director Nurse Consultant by 04/22/15 for accuracy of