

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

PRINTED: 08/29/2014  
FORM APPROVED  
OMB NO. 0938-0391



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/14/2014
NAME OF PROVIDER OR SUPPLIER  TWIN RIVERS NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 W. 3RD ST. OWENSBORO, KY 42301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An Abbreviated Survey investigating KY #22064 and KY #22069 was conducted on 08/11/14 through 08/14/14 to determine the facility's compliance with Federal requirements. KY #22069 was unsubstantiated with no deficiencies cited. KY #22064 was substantiated with deficiencies cited at the highest S/S of a "D".	F 000	Submission of this plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in this response and plan of correction.. In addition, preparation of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or see the correctness of any allegation by the survey agency. Accordingly, the facility has prepared and submitted this plan of correction prior to resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a plan of correction within ten (10) days of the survey as a condition to participate in Title 18, and Title 19 programs. The submission of the plan of correction within this time frame should in no way be construed or considered as an agreement with the allegations of noncompliance or admission by the facility. The plan of correction constitutes a written allegation of submission of substantial compliance with Federal Medicare Requirements.		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure services were provided in accordance with each resident's written plan of care for one (1) resident (Resident #1), in the selected sample of eight (8) residents. On 08/06/14 at 8:00 AM, Registered Nurse (RN #1) failed to follow the resident's written plan of care by applying a Fentanyl pain patch without an assessment of the resident. After applying the Fentanyl pain patch, RN #1 attempted to administer oral medication; however, the resident was found to be unresponsive. On 08/06/14 at 8:47 AM, the resident was sent to the hospital and admitted with a diagnosis of pneumonia.  The findings include:  Record review revealed the facility admitted Resident #1 on 02/25/13 with diagnoses to	F 282			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Chris Malvern*

NHA

9-8-14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>include Rheumatoid Arthritis, Cerebral Palsy, Hypertension, Depressive Disorder, and Acquired Limb Deformity.</p> <p>Review of Resident #1's Plan of Care, dated 11/16/13, and last updated 08/08/14, revealed the resident was care planned for pain. Interventions included to monitor for non-verbal indicators of pain, encourage the resident to report pain on a scale of one (1) to ten (10), with a pain assessment as indicated, and to monitor the effectiveness of pain medication administered.</p> <p>Review of the physician's order, dated 03/30/14, revealed "Fentanyl 50 micrograms (mcg)/hour (hr) patch, apply the patch topically every 72 hours for pain. Ensure the old patch was removed prior to placement of the new patch".</p> <p>Review of Resident #1's Medication Administration Record (MAR), dated 08/01/14, revealed no documented evidence of a pain assessment or any type of monitoring in place for pain effectiveness.</p> <p>Interview with RN #1, on 08/12/14 at 10:00 AM, revealed she entered Resident #1's room on 08/06/14 at 8:00 AM, and applied his/her Fentanyl pain patch without an adequate assessment of the resident. She stated when she attempted to administer his/her oral medication, the resident was unresponsive. She stated she called 911 (emergency services) and notified the physician as well. Further interview revealed she did not recall removing the old pain patch prior to applying a new pain patch. Resident #1 was transported by ambulance to an acute care hospital for treatment. Upon examination of Resident #1 at the hospital, there were two (2)</p>	F 282	<ol style="list-style-type: none"> <li>1. Resident #1 was discharged to the hospital on 8/6/14. Resident #1 returned to the facility on 8/8/14.</li> <li>2. Unit Managers reviewed all resident's care plans to assure the care plans were followed and completed pain assessments on all residents and observed resident sedation levels on 8/14/14. No issues noted.</li> <li>3. All licensed staff will be reeducated by the Education Training Director, Director of Nursing, Assistant Director of Nursing or the Unit Manager regarding following the resident's plan of care including removal of pain patch prior to application of a new pain patch and assessment of the resident's overall condition prior to administering or applying any medication. This re-education will be completed by 9/19/14.</li> <li>4. The Education Training Director, Director of Nursing, Assistant Director of Nursing or the Unit Manager will observe medication administration five (5) times per week for one (1) week and three (3) times per week for three (3) weeks and weekly for two (2) weeks to ensure pain patches are removed prior to application of new pain patch and that the</li> </ol>		

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F 282	Continued From page 2 Fentanyl pain patches in place on her/his upper chest area.  Interview with the Director of Nursing (DON), on 08/12/14 5:00 PM, revealed she expected the nurses to assess the status of any resident prior to applying a pain patch, and to follow the resident's care plan.  Interview with the Administrator, on 08/12/14 at 4:10 PM, revealed she expected the nurses to assess the residents for pain prior to applying a pain patch.	F 282	nurse is completing a assessment of the resident's overall condition prior to administering or applying medication. The results of these observations will be reviewed with the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.	09/20/14	
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS  The facility must ensure that residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure each resident was free from significant medication errors for one (1) resident (Resident #1), in the selected sample of eight (8) residents. On 08/06/14 at 8:00 AM, Registered Nurse (RN) #1 applied a Fentanyl pain patch to Resident #1; however, she failed to assess the resident prior to application of the Fentanyl pain patch. Additionally, she failed to ensure the existing Fentanyl pain patch was removed prior to applying a new Fentanyl pain patch. On 08/06/14 at 8:47 AM, the resident was sent to the hospital after being found	F 333	1. Resident #1 was discharged to the hospital on 8/6/14. Resident #1 returned to the facility on 8/8/14. 2. The Director of Nursing and Unit Managers observed residents with a transdermal pain patch to ensure that the old patch was removed from the resident prior to application		

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F 333	<p>Continued From page 3</p> <p>unresponsive, and admitted with a diagnosis of pneumonia.</p> <p>The findings include:</p> <p>Review of the facility's policy and procedure, "Transdermal Medication", (undated), revealed to identify the resident, explain the procedure, monitor and assess for pain relief, and to document application and removal of the patch.</p> <p>Record review revealed the facility admitted Resident #1 on 02/25/13 with diagnoses to include Rheumatoid Arthritis, Cerebral Palsy, Hypertension, Depressive Disorder, and Limb Deformity. Review of the Quarterly Minimum Data Set (MDS), dated 05/21/14, revealed the resident was able to make consistent and reasonable decisions with a Brief Interview Mental Status (BIMS) score of fifteen (15).</p> <p>Review of Resident #1's Plan of Care, dated 11/16/13, and last updated 08/08/14, revealed the resident was care planned for pain. Interventions included to monitor for non-verbal indicators of pain, encourage the resident to report pain on a scale of one (1) to ten (10), with a pain assessment as indicated, and to monitor the effectiveness of pain medication administered.</p> <p>Review of the physician's order, dated 03/30/14, revealed "Fentanyl 50 micrograms (mcg)/hour (hr) patch, apply the patch topically every 72 hours for pain. Ensure the old patch was removed prior to placement of the new patch".</p> <p>Review of Resident #1's Medication Administration Record (MAR), dated 08/01/14, revealed no documented evidence of a pain</p>	F 333	<p>of the new patch No issues noted. In addition the Director of Nursing and the Assistant Director of Nursing as well as Unit Manager observed medication administration on 8/14/14 and noted that medications were administered as ordered with no concerns identified.</p> <p>3. All licensed staff will be reeducated by the Education Training Director, Director of Nursing, Assistant Director of Nursing or the Unit Manager regarding resident assessment for change of condition, decreased level of consciousness and increased sedation prior to administering any narcotics including Fentanyl patches. Also, to hold all narcotics for increased sedation and notify physician. Silver Chair training will be given to all licensed staff on medication administration. This re-education will be completed by 9/19/14.</p> <p>4. The Education Training Director, Director of Nursing, Assistant Director of Nursing or the Unit Manager will observe medication pass to ensure medications are administered per physician order as well as old patch removed prior to application of the new patch .</p>		

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F 333	<p>Continued From page 4</p> <p>assessment or any type of monitoring in place for pain effectiveness.</p> <p>Review of a Nurse's Note, dated 08/06/14 at 8:00 AM, revealed "[Resident #1] was unresponsive, blood pressure was low, and an order was received to send the resident to the hospital Emergency Room (ER)".</p> <p>Interview with RN #1, on 08/12/14 at 10:00 AM, revealed she went into Resident #1's room and administered his/her Fentanyl pain patch prior to waking the resident. She stated, afterward, she attempted to awaken the resident to administer his/her oral medication; however, the resident was unresponsive. Further interview revealed she did not recall removing the old pain patch prior to applying a new pain patch.</p> <p>Interview with ER Nurse #1, on 08/12/14 at 3:00 PM, revealed she was working in the ER on the morning of 08/06/14 at 8:45 AM when Resident #1 arrived. She stated upon examination of Resident #1, she found two (2) Fentanyl pain patches in place on her/his upper chest area. One pain patch was on his/her right upper chest area, dated 08/06/14, and another pain patch was on his/her left upper chest area with no visible date. She stated she was concerned because the resident was unresponsive upon arrival to the hospital.</p> <p>Interview with the Director of Nursing (DON), on 08/12/14 5:00 PM, revealed she had discussed the importance of removing an old pain patch prior to applying a new pain patch with the Charge Nurses. She stated she expected the nurses to assess the status of the resident prior to applying a pain patch.</p>	F 333	<p>All residents with pain patches will be observed to ensure old patch was removed and that resident is not over sedated five (5) times per week for one (1) week and three (3) times per week for three (3) weeks and weekly for two (2) weeks. The results of these observations will be reviewed with the Quality Assurance Committee for a minimum of three (3) months and until the Quality Assurance Committee ascertains continuous compliance. If at any time a concern is identified, a Quality Assurance Committee meeting will be held to review concerns for further recommendations as needed. The members of the Quality Assurance Committee will consist of at a minimum the Administrator, the Director of Nursing, the Assistant Director of Nursing and the Social Services Director with the Medical Director attending at least quarterly.</p>	09/20/14	

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F 333	Continued From page 5  Interview with the Administrator, on 08/12/14 at 4:10 PM, revealed she expected the nurse to assess Resident #1 prior to administration of his/her pain patch, and to notify the medical doctor for orders, if needed.	F 333			