

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>506117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW HORIZON SENIOR LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>17024 VETERANS MEMORIAL HIGHWAY KINGWOOD, WV 26537</b>
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E 106	<p>64CSR14-5.1.g. General Administrative Requirements</p> <p>Prior to hiring an individual, the licensee shall submit the required information for central abuse registry screening and keep documentation of the information submitted. The licensee shall also determine if the individual is listed on the nurse aide abuse registry or any other abuse registry maintained by the state. The licensee shall not hire or maintain as an employee any individual who is listed on these registries. (Class II)</p> <p><b>DEFICIENT PRACTICE and FINDINGS:</b></p> <p>Based on review and interview on June 22-23-24, 2010, the administrator has failed to ensure criminal background checks are completed prior to hiring an individual as required by this regulation.</p> <p>1. Review of four (4) applicable employee records revealed a documented hire date within the past year and have criminal background checks completed after their date of hire.</p> <p>a. JC - date of hire - April 3, 2010; criminal background check mailed May 8, 2010            b. JD - date of hire - October 14, 2009; criminal background check mailed November 4, 2009            c. MG - date of hire - December 18, 2009; criminal background check mailed June 16, 2010            d. AS - date of hire - November 12, 2009; criminal background check mailed December 16, 2009</p>	E 106	<p>June 24, 2010</p> <ol style="list-style-type: none"> <li>1. All new employees will submit required information prior to hiring.</li> <li>2. All current employees have background checks submitted.</li> <li>3. No new employee will be permitted to begin patient care until a fingerprint card has been received.</li> <li>4. This will be noted as part of the hiring packet/forms.</li> <li>5. The administrator J.S. will do the hiring and monitor compliance.</li> <li>6. This will be effective immediately.</li> </ol> <p>Completion date: June 28, 2010</p> <p><b>MODIFICATION TO POC:</b></p> <ol style="list-style-type: none"> <li>1. All new potential employees will submit a criminal background check and any state maintained abuse registry check with the related documentation of the information prior to hiring and available for review by surveyors.</li> </ol>	06/28/10
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Office of Health Facility Licensure and Certification  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/14/2010

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E 003	<p>2. During interview, the administrator, JS, stated MG did have a criminal background check completed in a timely manner, but it was inadvertently misplaced and had to be resent. No supporting documentation was provided for review.</p> <p>Annual Licensure Survey</p> <p>June 22-23-24, 2010 Census: 29</p> <p>Surveyors: Jane Cost, RN, HFNS IILouise Hall, RN, HFNS II</p>	E 003	<p>June 24, 2010</p> <ol style="list-style-type: none"> <li>All new employees will submit required information prior to hiring.</li> <li>All current employees have background checks submitted.</li> <li>No new employee will be permitted to begin patient care until a fingerprint card has been received.</li> <li>This will be noted as part of the hiring packet/forms.</li> <li>The administrator J.S. will do the hiring and monitor compliance.</li> <li>This will be effective immediately.</li> </ol> <p>Completion date: June 28, 2010</p> <p>MODIFICATION TO POC:</p> <ol style="list-style-type: none"> <li>All new potential employees will submit a criminal background check and any state maintained abuse registry check with the related documentation of the information prior to hiring and available for review by surveyors.</li> </ol>	06/28/10
E 206	<p>64CSR14-7.4.g. Health Care Standards</p> <p>The licensee shall keep medications in a locked</p>	E 206	<p>June 24, 2010</p>	06/29/10

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	<p>room, cabinet or other storage receptacle, accessible only to the staff responsible for medications. If a resident is capable of self administration of medication, the licensee shall provide him or her resources to store medications in a manner to be inaccessible to other residents. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on observation, review and interview on June 22-24, 2010, the administrator has failed to assure resident medications are stored in a locked room or cabinet accessible only to licensed staff members responsible for their use/administration.</p> <p>1. Observation on June 23, 2010, revealed the medication room door was unlocked, and the room was unattended from approximately 2:55 p.m. to 3:17 p.m.</p> <p>2. Observation revealed a wall cabinet within the medication room that was also unlocked and contained bottles of the following resident oral medications: Plavix 75 mg; Lasix 40 mg (x 2); Vytarin 10/80 mg; Tramadol 50 mg; Aldactone 50 mg; Geodon 40 mg; Omeprazole 20 mg (x 2); Glipizide 10 mg; Clonidine 0.3 mg; Maxide 37.5/25 mg; Digoxin 0.125 mg; Senna 8.6 mg; and Klor-Con 20 mEq.</p> <p>There were also five (5) bottles of Travatan eye drops, three (3) bottles of Timolol eye drops, multiple bottles of Milk of Magnesia, and a box of Albuterol Sulfate unit dose vials.</p> <p>3. During interview on June 23, 2010, at</p>		<p>1. Self-closing door hinges have been ordered for the med room. This will prevent inadvertent unlocked door.</p> <p>2. Administrator JS has given a written reminder to LPNs A.M. and J.C. to keep med room door, inside cabinets and med carts locked when not being used.</p> <p>3. Spot checks will be carried out by Admin and RN and recorded in RN's notes/log of visits.</p> <p>4. Only LPNs, RN, and administrator will have keys to the med room and will be accountable for any violations.</p> <p>5. This is effective immediately, June 29, 2010</p> <p>Completion date: June 29, 2010</p> <p>MODIFICATION TO POC:</p> <p>7.4.g.</p> <p>1. The new medication room door hinges were ordered on June 30, 2010; these hinges will be installed upon arrival and will ensure that licensed personnel who exits the med room will experience the surety of an automatically locked door.</p>	

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	<p>approximately 3:17 p.m., AM, the licensed practical nurse (LPN), on duty and responsible for maintaining a secured/locked medication room stated, "I thought I had closed that door. I must not have gotten it pulled completely closed."</p> <p>4. During interview, the administrator, JS, stated he was aware the medication room door should be locked each time the nurse leaves the room.</p> <p>5. During interview, JC, licensed practical nurse (LPN), provided the following statements regarding the process for facility staff to receive medication deliveries.</p> <p>a. The pharmacy often delivers medications after 9:00 p.m., when there is no nurse on duty.</p> <p>b. When the RN/LPN ends her shift at approximately 8:30 p.m. - 9:00 p.m., she counts the narcotics with the senior aide and locks the medication carts and then locks the medication room door.</p> <p>c. The medication cart key is maintained by the registered nurse (RN)/LPN.</p> <p>d. The key to the medication room is then given to the senior aide.</p> <p>e. When the pharmacy delivers the medication totes, the senior aide unlocks the medication room and puts the totes in that room and re-locks the door.</p> <p>f. The next morning the RN/LPN starts her shift at approximately 6:30 a.m. and obtains the med room key from the aide.</p> <p>When questioned, the LPN and the administrator both agreed unlicensed staff should not have access to the medication room key and conceded all medications would be more accessible to unlicensed staff and delivery personnel during the 9:00 p.m. - 6:30 a.m. time</p>			

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E 209	<p>period.</p> <p>6. Review of the resident roster, completed by the facility manager and the registered nurse, revealed twenty (20) residents who are confused and three (3) residents who wander.</p> <p>64CSR14-7.4.j. Health Care Standards</p> <p>If Schedule II drugs of the Uniform Controlled Substances Act W. Va. Code §60 A -1-101 et seq. are administered, a copy of the written prescription signed by the physician shall be in the resident's record and a proof of use record shall be maintained. Schedule II drugs shall be stored in a manner so that they are securely protected by two (2) locks. The key to the separately locked Schedule II drugs shall not be the same key that is used to gain access to non-scheduled drugs. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on observation, review and interview on June 22-24, 2010, the administrator and the supervising registered nurse have failed to assure Schedule II medications are properly maintained under double lock according to this regulation.</p> <p>1. Observation on June 22, 2010, at approximately 4:30 p.m., revealed the narcotic drawers of both medication carts in the medication room were not locked and had not been locked prior to the licensed practical nurse (LPN) and surveyor entering the room.</p>	E 209	<p>June 24, 2010</p> <ol style="list-style-type: none"> <li>1. Unlicensed staff will no longer be able to access the med room at night or any time. Shcedule II drugs are locked separately inside the locked med room.</li> <li>2. Keys to the med room door will only be given to each LPN, RN, and administrator.</li> <li>3. Disciplinary action will be given to violators (unlocked cabinets, med carts or med room door).</li> <li>4. RN, JD, will conduct periodic unannounced checks to med room, cabinets, and med carts to check that they are locked.</li> <li>5. This will be effective immediately, June 28, 2010</li> </ol> <p>Completion date: June 28, 2010</p>	06/28/10

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	<p>Further observation revealed the medication cart containing medications for residents on the "short" hall contained the following Schedule II medications:</p> <ul style="list-style-type: none"> <li>a. Resident #5: Hydromorphone 2 mg tablets - one bottle.</li> <li>b. Resident #24: Morphine Sulfate liquid, 20 mg/cc - one (1) bottle.</li> </ul> <p>2. Observation on June 23, 2010, revealed the door to the medication room was unlocked and the medication room was unattended from approximately 2:55 p.m., to 3:17 p.m. Observation also revealed a wall cabinet containing seven (7) full bottles (30 cc) of Morphine Sulfate 20 mg/cc., and four (4) bottles (20 pills each) of Morphine Sulfate 30 mg. The wall cabinet was locked; however, none of the Schedule II medications were double locked, as required, during this twenty-two (22) minute time period.</p> <p>3. During interview, the administrator, JS, stated he thought the Schedule II medications were being maintained in a lock box within the locked wall cabinet; however, he recently learned the lock box was not being used to maintain the drugs. He stated he was aware the medication room door should be locked each time the nurse leaves the room.</p> <p>4. During interview, JC, LPN, provided the following statements regarding the process for facility staff to receive medication deliveries.</p> <ul style="list-style-type: none"> <li>a. The pharmacy often delivers medications after 9:00 p.m., when there is no nurse on duty.</li> <li>b. When the RN/LPN ends her shift at approximately 8:30 p.m. - 9:00 p.m., she counts the narcotics with the senior aide and locks the medication carts and then locks the medication</li> </ul>			

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E 235	<p>room door.</p> <p>c. The medication cart key is maintained by the registered nurse (RN)/LPN.</p> <p>d. The key to the medication room is then given to the senior aide.</p> <p>e. When the pharmacy delivers the medication totes, the senior aide unlocks the medication room and puts the totes in that room and re-locks the door.</p> <p>f. The next morning, the RN/LPN starts her shift at approximately 6:30 a.m. and obtains the med room key from the aide.</p> <p>When questioned, the LPN and the administrator both agreed unlicensed staff should not have access to the medication room key and conceded the Schedule II medications would not be double locked during this time and would be more accessible to unlicensed staff and delivery personnel during the 9:00 p.m. - 6:30 a.m. time period.</p> <p>5. Review of the resident roster, completed by the facility manager and the RN, revealed twenty (20) residents who are confused and three (3) residents who wander.</p> <p>64CSR14-9.1.c. Dietary Services</p> <p>When therapeutic or modified diets are provided by the residence, the licensee shall maintain on file a physician's order for each diet. The licensee shall prepare therapeutic or modified diets, as ordered by the physician, according to written instructions that includes types and amounts of food to be served, obtained from the resident's physician or a dietitian. At no time shall a resident be offered less than one thousand four hundred (1,400) calories daily, unless specifically</p>	E 235	<p>June 24, 2010</p> <p>1. Therapeutic or modified diets will be changed to NAS, NCS, and Regular.</p> <p>2. Administrator JS requested Resident #7's physician to change orders to NCS on 6/28/10 - he agreed and this was done.</p> <p>3. Only 3 diets will be used in future:</p>	06/28/10

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	<p>ordered by a physician. (CLASS I)</p> <p>DEFICIENT PRACTICE and FINDINGS:</p> <p>Based on review and interview on June 22-23-24, 2010, the administrator has failed to ensure physician ordered therapeutic diets are provided as required by this regulation.</p> <p>1. Review of one (1) applicable resident record revealed Resident #7 is an insulin dependent diabetic and has a current physician's order for a 2200 calorie ADA diet.</p> <p>2. During interview on June 23, 2010, the cook, JZ, was unable to provide any reference for providing specific amounts of food to ensure Resident #7 received the physician ordered diet, stating, "I eyeball the portions".</p>		<p>NAS, NCS, and regular.</p> <p>4. All new admissions and their physicians will be told we only offer 3 diets.</p> <p>5. The administrator JS will oversee dietary compliance.</p> <p>6. Correction made on June 28, 2010</p> <p>Completion date: June 28, 2010</p>	