

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Carrollton Rehab & Wellnes		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 Eleventh Street Carrollton, KY 41045	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>45990</p> <p>Based on interview, record review, review of facility policy, and review of a police Uniform Citation, the facility failed to ensure that one (Resident (R) 265) of 65 sampled residents was free from misappropriation of resident property. Licensed Practical Nurse (LPN) 10 took R265's narcotic pain medication without authorization.</p> <p>The findings include:</p> <p>Review of the facility policy titled Controlled Medications, dated 11/13/2023, revealed the policy was to ensure controlled medications are handled, stored, disposed of, and there is record keeping is in place. Added review revealed at each shift change or when keys are rendered, a physical inventory on all controlled medications is conducted by two staff members. Continued review of the guidelines included that a licensed nurse or medication technician with possession of the medication keys is to remain on the facility premises. Added review revealed if staff with the keys are leaving the premises, he or she is to surrender the keys and complete a physical inventory of all controlled substances.</p> <p>Review of R265's face sheet revealed the facility admitted the resident on 05/01/2023 with diagnoses including sepsis, urinary tract infection, and low back pain.</p> <p>Review of R265's order set, dated 06/28/2023, revealed an order for oxycodone -schedule two (narcotic) tablet; 10 milligram (mg) oral, one (1) tablet daily PRN (as needed) at least four hours in between routine pain medication. Added review of the order set revealed the resident also had orders for oxycodone-10 mg, oral one tablet PO (oral) every six hours for pain (at midnight, 06:00 AM, 12:00 PM, and 06:00 PM).</p> <p>Review of a Uniform Citation, dated 07/23/2023 with a violation time of 12:36 PM and time of arrest at 8:30 PM, revealed LPN10 was arrested after she told police on 07/23/2023 at 7:00 PM that she stole five narcotic pills when she first came to work and then another five pills, just before leaving for her extreme pain. Continued review of the Uniform Citation revealed that LPN10 stated she had hidden the empty package (which had previously contained the narcotics), as well as the narcotic count form, inside a diaper in a cardboard box in the trash cart.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Carrollton Rehab & Wellnes		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 Eleventh Street Carrollton, KY 41045	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a typed witness statement by LPN9, sent via e-mail on 09/13/2023 at 1:05 PM, revealed that on the day of the 07/23/2023 incident, LPN10 left the facility and then returned within minutes, stating someone had stolen her purse/wallet. LPN10 asked for LPN9's keys to look in the supply room and when LPN10 exited the supply room, the keys were given back to LPN9. Continued review of the statement revealed that after this, during the medication pass, LPN9 discovered the key that unlocked the medication narcotic box was missing. A master key was ultimately obtained so that the medication pass could continue. However, when LPN9 came to give medications to R265, the nurse found that the resident's oxycodone, as well as the narcotic count sheet for the oxycodone, was missing.</p> <p>Review of a progress note dated 07/23/2023 at 12:29 PM revealed staff explained to R265, whose oxycodone was missing, that a new pain medication supply would be here by the next scheduled dose and if the resident needed pain medication before then, an order would be placed for an emergency kit supply. Review of progress note dated 07/23/2023 at 1:00 PM revealed R265 had no complaints of pain prior to the arrival of the replacement narcotic medication.</p> <p>Further review of the Uniform Citation, dated 07/23/2023, documented that LPN9 stated she allowed LPN10 to use the keys to look for missing personal items. An attempt to reach LPN9 on 04/12/2024 at 4:33 PM for interview was not successful.</p> <p>During interviews with LPN1 at 5:00 PM on 04/12/2024, LPN 3 at 5:10 PM on 04/12/2024, and Kentucky Medication Aide (KMA) 21 at 5:20 PM on 04/12/2024, they stated the facility provided training to include not to give narcotic keys to other staff after the narcotic count had been performed; however, they were unable to state the exact dates of the training.</p> <p>In an interview with the Assistant Director of Nursing (ADON) on 04/11/2024 at 11:15 AM, she stated that on the day of the incident, she received a phone call from LPN9 saying the narcotic key was missing for the South Hall. Per LPN9, when the shift count was performed that day, the narcotic count was correct, and the narcotic key was passed to her from LPN10. She added that LPN9 told her shortly after that, LPN10 exited the building and then returned, saying she left her wallet and requested the keys to unlock the medication room. LPN9 gave LPN10 the keys. LPN10 then returned the keys to LPN9 after looking in the medication room. The ADON continued that it was after this incident that LPN9 discovered the narcotic key was missing when morning medication pass was in process. The ADON stated she came to the facility immediately and, in route, she notified the Administrator. She added when she arrived, she helped search for the key but could not find it and the master key was obtained from the Director of Nursing's (DON) office. During this time, LPN10 texted and requested for her timesheet to be completed and the ADON stated she requested for her to come back to facility and search for the narcotic key. She added that LPN10 did return to the facility and helped search for the narcotic key. The ADON added after LPN10 exited the facility after searching for the narcotic key, the key was found in an area that was previously searched.</p> <p>In an interview with the Director of Nursing (DON) on 04/12/2024 at 4:00 PM, she stated she was on vacation when this incident occurred. The DON related that after the arrest, LPN10 was reported to the Kentucky Board of Nursing (KBN).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Carrollton Rehab & Wellnes		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 Eleventh Street Carrollton, KY 41045	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 04/12/2024 at 2:55 PM, he stated he was notified of a possible drug diversion by an agency nurse and, upon receiving that information, he came to the facility immediately and began interviewing staff. He stated the facility then made a report to the proper authorities which included the police department. Per the Administrator, the police started their investigation and he confirmed that LPN10 was arrested that night.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Carrollton Rehab & Wellnes		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 Eleventh Street Carrollton, KY 41045	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45990</p> <p>Based on observation, interview, record review, and facility policy/procedure, the facility failed to maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections for one (Resident (R) 51) of 49 sampled residents. Staff entered R51's room, which was designated as a contact precaution room, without first donning proper Personal Protective Equipment (PPE).</p> <p>The findings include:</p> <p>Review of the facility's policy, titled Infection Control, with an effective date of 01/23/2024, revealed the intention of the policy was to help prevent and manage the transmission of diseases and infections. Added review of the policy revealed the objectives were to establish guidelines for implementing Isolation Precautions, including Standard and Transmission-Based Precautions.</p> <p>Review of the facility's signage for contact precautions (procedure to be used) revealed providers and staff must put on gloves and gown before room entry and discard the PPE before exiting the room.</p> <p>Review of R51's face sheet revealed the resident was admitted on [DATE] with diagnoses including candidiasis of the skin and nail. Review of R51's order set, dated 12/30/2023, revealed an order for contact precautions.</p> <p>Review of R51's Comprehensive Care Plan (CCP), dated 01/12/2024 with revision date of 04/09/2024, revealed the resident had a problem identified as being on ongoing contact isolation related to candidiasis auris, a species of fungus that grows as yeast. Review of interventions included staff were to use PPE as indicated.</p> <p>On 04/10/2024 at 8:15 AM, observation revealed signage for contact isolation on R51's door. Review of the contact isolation signage revealed it documented that staff were to don PPE, including gloves and a gown, prior to entering the room. An isolation cart containing PPE was available for use. Kentucky Medication Aide (KMA)1 failed to don the required PPE prior to entering R51's room, carrying medications in a medication cup. During interview at this time, KMA1 stated staff was told by nursing that if they were just walking in the room to hand pills, they did not need to gown up.</p> <p>In an additional interview with KMA1 on 04/11/2024 at 3:30 PM, she stated she has worked at facility since June of 2023 and her job tasks include passing medications to residents. KMA1 stated she had been given wrong instructions by nurses about not needing PPE when entering the room. KMA1 noted that she had training for contact isolation and knew better, and she should have donned PPE.</p> <p>During an interview with the Infection Preventionist (IP) on 04/11/2024 at 1:30 PM, she stated she is also the facility's Director of Nursing (DON). She stated she performs infection control trainings yearly and in-services as needed, adding the last training was in 12/2023. She added in the trainings she performs skill checkoffs with staff which included donning/doffing proper PPE for different isolation, adding re-education was given if needed. The IP/DON stated that random audits were performed on infection control procedures, but she did not keep evidence of the audits.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Carrollton Rehab & Wellnes		STREET ADDRESS, CITY, STATE, ZIP CODE 1206 Eleventh Street Carrollton, KY 41045	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 04/12/2024 at 2:55 PM, he stated that staff had been educated on contact isolation, and education is an ongoing process in facility.</p>