

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

PRINTED: 11/27/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/09/2007
NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1052 OLD WARREN ROAD MONTICELLO, AR 71655	
(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	F 000		
F 157 SS=E	<p>Complaint #13028 was substantiated (all or in part) with deficiencies cited at F-157 and F-505.</p> <p>483.10(b)(11) NOTIFICATION OF CHANGES</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 157		

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

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.

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F 157	<p>Continued From page 1</p> <p>Complaint #13028 was substantiated with these findings:</p> <p>Based on record review and interview the facility failed to ensure lab values were reported to the physician in a timely manner for 17 case mix residents (Residents #1, 2, 3, 6, 10, 22 - 31 and 33) of 31 (Residents #1-15, 17- 20, and 22- 33) case mix residents that had lab orders. This failed practice had the potential to affect 70 residents in the facility as identified on the Resident Census and Conditions of Residents form dated 11/6/07. The findings are:</p> <ol style="list-style-type: none"> 1. Resident #1 had diagnoses of Urinary Incontinence, Urinary Tract Infection, Hypertension, Diabetes Mellitus, and Cerebrovascular Accident. The Medicare 30 days Minimum Data Set assessment documented the resident had severely impaired cognitive skills for daily decision making, <ol style="list-style-type: none"> a. The Plan of Care with review dated of 1/15/07 page 14 documented, "Labs as ordered with all lab values forwarded to MD [medical doctor] promptly." b. A laboratory result form dated 9/7/07 documented, "Abnormal summary ... Albumin level 2.8 g/dl [grams per deciliter], " with normal lab values at 3.5-5.0." c. A Laboratory result form dated 9/12/07 documented, "BMP (Basic Metabolic Profile) Abnormal summary: Chloride-116 Normal lab value range (101-111), Glucose-321 (Normal lab values range 74-118), Urea Nitrogen -27 Normal lab values range (8-26), Creatinine-1.2 Normal lab values range (0.6-1.1), Calcium-8.8 Normal 	F 157			

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F 157	Continued From page 2 lab value range (8.9-10.3), Osmolality- 292 Normal lab value range (258-300). A note on the lab result form documented, "10/17/07 ... Panic value: Repeat BMP now ... " There was documentation on the lab report that these reports were faxed on 10/17/07. 2. Resident # 2 had diagnoses of History of Seizures, Left Hemiparesis and Autosomal Neurologic Disorder. The Quarterly MDS dated 9/12/07 documented the resident had moderately impaired cognitive skills for daily decision making. a. The Plan of Care dated 9/17/07 documented, "Labs per orders with results to MD." b. The September 2007 Physician's order documented, "Dilantin, CMP, Depakote levels every 3 months (June, August, November, December)." c. A laboratory result dated 9/12/07 documented, "Abnormal summary: Carbon Dioxide-32.3, Normal lab values range (22-32), Glucose-133, Normal lab value range (74-118), Calcium-7.9, Normal lab value range (8.9-10.3), Total Protein-5.5, Normal lab value range (6.5-11.1), Albumin-2.7, Normal lab value range (3.5-5.0), Alkaline Phosphatase-149, Normal lab value range (32-91), AST (Aspirate Aminotransperase) -149, Normal lab value range (15-41), ALT (Alanine Aminotransperase) -133, Normal lab value range (14-54), BUN(Blood Urea Nitrogen) -Creatinine Ratio- 1, Normal lab value range (1.2-2.2), Dilantin-28.5, Normal lab value range (10-20), Valproic Acid-24.6, Normal lab value range (50-100)." A note on the lab result form documented, "Panic value: Repeat dilantin level now ... faxed 10/15/07 "	F 157			

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F 157	Continued From page 3 3. Resident #3 had diagnoses of Urinary Tract Infection and Incontinence. The Quarterly MDS dated 9/4/07 documented the resident had modified independent cognitive skills for daily decision making. a. The Plan of Care dated 9/5/07 documented, "Monitor lab values and report abnormal to MD." b. A laboratory result form dated 7/9/07 documented, "Abnormal summary: Hemoglobin A1C-8.2 Normal lab value range (4.6-6.2)." The laboratory result documented, "Faxed 10/17/07." 4. Resident #10 had diagnoses of Edema, Hemiplegia, and Hypertension. The Quarterly MDS dated 8/13/07 documented the resident had independent cognitive skills for daily decision making. a. The Plan of Care dated 8/16/07 page 5 documented, "Monitor lab values and report abnormal to MD." b. A physician's Order dated 6/16/07 documented, "Lipid Profile Q (every) 6 months." c. A laboratory report dated 9/14/07 documented abnormal values: Cholesterol (chol)-219, Normal lab value range (100-200), HDL (high density lipoprotein) 26 --- mg/dl, Normal lab value range (50-90), Chol/HDL ratio-8.4, Normal lab value range (1.5-4.5), LDL (low density lipoprotein)-181 Normal lab value range (0-100). CBC (complete blood count)-Abnormal summary: WBC (white blood count) 10.4 Normal lab value range (4.1-9.3), RDW (Red cell Distribution Width)-14.5, Normal lab value range (11-13.5), Basophils-1.6, Normal lab value range (0-1.3), Eosinophils-582,	F 157			

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F 157	Continued From page 4 Normal lab value range (0-450)." The lab for had hand written on the lab report, "Faxed 10/17/07." 5. Resident #22 had diagnoses of Atrial Fibrillation and Congestive Heart Failure. a. A Physician Order dated 9/13/07 documented, "PT/INR Q MO (month)." b. A Laboratory result form dated 9/26/07 documented, "Prothrombin Time-19.81 seconds, Normal lab value range (9.45-13.0), INR 1.91, Normal lab value range (2.00-3.00). A note at the bottom of the lab result documented, "Faxed 10/17/07. " 6. Resident #23 had diagnoses of Cardiac Dysrhythmias and Muscle Weakness. The MDS dated 10/01/07 documented the resident had moderately impaired cognitive skills for daily decision making. a. A Physician's order dated 8/14/07 documented, "K+ (potassium) 10 meq (Milli equivalent) 1 po (by mouth) qd (every day). Recheck K+ in 30 days." b. A laboratory result form dated 9/14/07 documented, "Abnormal Summary: Potassium-3.4, Normal lab value range (3.6-5.1). A note on the bottom of the result documented, "Faxed 10/17/07." 7. Resident # 24 had diagnoses of Congestive Heart Failure. The Annual MDS dated 10/12/07 documented the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 6/25/07 documented,	F 157			

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F 157	Continued From page 5 "Digoxin level Q 3 months." b. A Laboratory report dated 9/12/07 documented, "Digoxin Level 0.9, Normal lab value range (0.9 - 1.5) faxed 10/17/07." 8. Resident #25 had diagnoses of Pyelonephritis and Hyperpotassemia. The Annual MDS dated 10/29/07 documented that the resident had severely impaired cognitive skills for daily decision making. a. A Physician order dated 8/25/07 documented, "PT/INR Q MO ." b. A Laboratory result form dated 9/5/07 documented, "Prothrombin Time-20.07 seconds, Normal lab value range (9.45-13.0), INR-1.58, Normal lab value range (2.00-3.00)." 9/26/07 laboratory result form documented, PT-24.14, normal value range (9.45-13.0). The laboratory result form documented, "Faxed 10/17/07. " 9. Resident #26 had a diagnosis of Urinary Tract Infection. The Quarterly MDS dated 7/10/07 documented that the resident had modified independent cognitive skills for daily decision making. a. A Physician Order dated 9/25/07 documented, " UA with C&S (urinalysis with culture and sensitivity) if indicated." b. A Laboratory result form dated 9/26/07 documented, "Abnormal Summary: "Nitrites-Positive, Leukocyte Esterase-Large, WBC (white blood cells) > (greater than) 50++/HPF (high power field), Bacteria-Many. Urine Culture: Final Report/E-coli isolated.	F 157			

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F 157	Continued From page 6 Handwritten documentation on the form, "Faxed 10/17/07, no calls in chart." 10. Resident #27 had diagnoses of Muscle Weakness, Paralysis Agitans, Cardiac Dysrhythmias, and Pernicious Anemia. a. A Physician Order dated 9/26/07 documented, "BMP Q 3 Months." b. A Laboratory result form dated 9/26/07 documented, "Abnormal Summary: Creatinine 1.4, Normal lab value range (0.6-1.1), Calcium 8.0, Normal lab values (8.9-10.3)." Note on the lab result documented, "Faxed 10/17/07." 11. Resident #28 had diagnoses of Hypoglycemia, Atrial Fibrillation, Renal failure, Diabetes Mellitus and Hyperpotassemia. The quarterly MDS dated 9/06/07 documented the resident had modified independent cognitive skills for daily decision making. a. A Physician's order dated 9/16/07 documented, "CBC (complete blood count)." b. A Laboratory result dated 9/19/07 documented, "Abnormal Summary: Hematocrit-34.2, Normal lab value range (35-46), Platelet Count-166, Normal lab value range (173-402)." Note on lab report documented, "Faxed 10/17/07." 12. Resident #29 had diagnoses of Convulsions, and Late-Effects Hemiplegia. The quarterly MDS dated 8/09/07 documented that the resident had modified independent cognitive skills for daily decision making.	F 157			

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F 157	Continued From page 7 a. A Physician order dated 5/24/07 documented, "Depakote Level Q 3 months." b. A Laboratory report form dated 9/24/07 documented, "Abnormal Summary: Valproic Acid-44.3, Normal lab value range (50-100)." Note on lab report documented, "Faxed on 10/17/07. No calls in chart." 13. Resident #30 had diagnoses of Urinary Tract Infection and Hyperpotassemia. The quarterly MDS dated 10/1/07 documented that the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 6/4/07 documented, "BMP Q 3 Months." b. A laboratory report dated 9/5/07 documented, "Chloride-99 Normal (101-111), Calcium-8.5 Normal (8.5-10.3). Note on lab report documented, "Faxed 10/17/07." 14. Resident # 31 had a diagnosis of Convulsions. The quarterly MDS dated 10/01/07 documented that the resident had severely impaired cognitive skills for daily decision making. a. A Physician order dated 9/12/07 documented, "Depakote Level every 2 months (March, July, September, November, January)." b. A Laboratory Report form dated 9/12/07 documented, "Abnormal Summary: Valproic Acid-38.8, Normal lab value range (50-100)." Note on lab report documented, "Faxed 10/17/07." 15. Resident #32 had diagnoses of Urinary Tract	F 157			

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F 157	<p>Continued From page 8</p> <p>Infection, Polyarthritis, Acute Renal Failure, and Hyperpotassemia. The quarterly MDS dated 8/20/07 documented the resident had moderately impaired cognitive skills for daily decision making.</p> <p>a. A Physician order dated 6/26/07 documented, "CBC Q Month. UA with C&S Q Month and prn (As Needed) fever, decreased LOC [level of consciousness]." Physician Order dated 9/13/07 documented, "PT/INR Q MO."</p> <p>b. A Laboratory report form dated 9/14/07 documented, "PT-13.05, Normal lab value range (9.05-13.0), INR-1.03, Normal lab value range (2.00-3.00)." A note on the lab report documented, "Faxed 10/17/07, no calls in chart."</p> <p>16. Resident #33 had diagnoses of Hypertension and Dementia. The quarterly MDS dated 9/17/07 documented the resident had modified independent cognitive skills for daily decision making.</p> <p>a. A Physician order dated 9/19/07 documented, "BMP now and then Q 6 MO."</p> <p>b. A Laboratory Report form dated 9/21/07 documented, "Abnormal Summary: Urea Nitrogen-45, Normal lab value range (8-26), Creatinine-1.8, Normal lab value range (0.6-1.1), Calcium-8.4, Normal lab value range (8.9-10.3). Note on lab report documented, "Faxed on 10/17/07."</p> <p>17. Resident # 6 had diagnoses of Alzheimer's Disease and Muscle Weakness. The MDS dated 9/6//07 documented that the resident had severely impaired cognitive skills for daily</p>	F 157			

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F 157	<p>Continued From page 9 decision making and had a feeding tube.</p> <p>a. The Physician order dated 8/23/07 documented a BMP, Dilantin level, Albumin level Q 3 mo (month).</p> <p>b. The Laboratory report form dated 8/24/07 had a Basic Metabolic Panel, Albumin, and a Dilantin level and on 9/7/07 a Basic Metabolic Panel and Pre albumin level. The lab results were not faxed to the Physicians office until 10/15/07. The lab values on the on 8/24/07 for the Basic Metabolic Panel documented in the abnormal summary: Potassium 3.1 with the normal range (3.6-5.1), Glucose 66 with the normal range (74-118), Urea Nitrogen 7 with the normal range (8-26), Creatinine 0.7 with the normal range (0.9-1.3), Calcium 7.3 with the normal range (8.9-10.3) and Osmolarity 259 with the normal range (260-280). The lab values on 9/7/07 for the Basic Metabolic Panel documented in the abnormal summary, Sodium 135 with normal range(136-146), Glucose 69 with the normal range (74-11), Creatinine 0.7 with the normal range (0.9-1.3), Calcium 8.4 with the normal range (8.9-10.3) and Osmolarity 259 with the normal range (260-280)..</p> <p>18. On 11/7/07 at 8:25 a.m., Licensed Practical Nurse (LPN) #6 was asked why the July and September 2007 labs were not forwarded to the doctor ' s office until 10/17/07. She stated there was a problem receiving the fax from the lab and when they checked it out, the lab was faxing to a cell number in Star City. The LPN was asked if they had gotten the lab results by phone and called the lab results to the Physician and she stated, "I don't know if anyone did or not, I'm not the only one that worked with it. " The LPN was asked where it would be documented if the labs</p>	F 157			

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F 157	Continued From page 10 were gotten per phone and forwarded to the doctors's office and also if panic values were called to the physicians office. She stated it would be on the chart. At 10:00 a.m., the Administrator was asked about the lab results. She stated, "They noticed that the lab results weren't being faxed to them from the lab and she called the Vice President of the lab and met with him and the number that the lab had was a cell phone number in Star City and this is where they were trying to send the labs to."	F 157			
F 282 SS=E	483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS 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 observation, record review and interview the facility failed ensure that TED hose was placed on the residents right leg when the resident was up in a chair as per plan of care for 1 case mix resident (Resident #10) of 2 case mix residents (Resident s #10 and #30) whose plan of care had an intervention for TED hose, failed to spoon feed a resident each meal as per plan of care to prevent the potential for aspiration for 1 case mix resident (Resident #7) of 10 case mix resident (Residents #1, 3, 4, 5, 7, 8, 11, 23, 25 and 32) that required assistance with meals and failed to ensure fortified supplements were provided for 2 case mix residents (Residents #19 and 20) of 6 case mix residents (Residents #1, 15, 19, 20, 21 and 25) that required fortified food	F 282			

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F 282	<p>Continued From page 11</p> <p>and/or supplemental feedings. These failed practices had the potential to affect 4 residents in the facility with orders for TED hose, 27 residents in the facility who required assistance with meal according to a list provided by the Administrator on 11/8/07, and 18 residents that required fortified supplements and identified on the Diet list dated according to the Diet Roster dated 11/5/07. The findings are:</p> <p>1. Resident #10 had diagnoses of Edema, Hemiplegia and Hypertension. The Quarterly Minimum Data Set (MDS) dated 8/13/07, documented the resident had independent cognitive skills for daily decision making, required limited assistance in ADL (Activities of Daily Living) and had functional Limitation in range of motion on one side with partial loss.</p> <p>a. A Physician Order dated 7/24/07 documented, "Keep R (right) leg elevated at rest with TED hose on."</p> <p>b. The Plan of Care dated 8/11/07 documented, "Problem, Cardiac Output, Altered R/T (related to) CHF (Congestive Heart Failure). Goal: Will exhibit no s/s (signs and symptoms) edema daily. Approach/Disciplines: Assess and record edema as needed. Encourage resident to keep elevated when up in chair."</p> <p>c. On 11/06/07 at 8:38 a.m., 9:15 a.m., 12:40 p.m., 1:10 p.m. and 3:30 p.m. the resident was sitting in a wheelchair. The right leg and ankle had a moderate amount of edema. The resident did not have a TED hose on the right leg nor was the leg elevated while the resident was at rest.</p> <p>d. On 11/7/07 at 8:40 a.m. the resident did not</p>	F 282			

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F 282	<p>Continued From page 12</p> <p>have a TED hose on the right leg. The right leg had a moderate amount of edema. At 4:25 p.m., the resident was propelling self in the hallway. The resident had on a pair of regular blue socks. There was no TED hose on the right leg.</p> <p>e. On 11/8/07 at 8:20 a.m., the resident was propelling self in a wheelchair down the hallway. The resident had on white socks and did not have a TED hose on the right leg.</p> <p>2. Resident # 7 had diagnoses of Paranoid Schizophrenic, Osteoporosis and Dysphagia. The MDS dated 7/10/07 documented the resident had moderately impaired cognitive skills for daily decision making, required total assistance of two staff members for transfers, one person assist with personal hygiene and eating and was incontinent of bowel and bladder.</p> <p>a. The care plan dated 10/9/06 page 12 documented, " Spoonfed resident all meals.</p> <p>b. A Physician order dated 7/8/07 documented, " Aspiration precautions, hand feed meals. "</p> <p>c. On 11/5/07 at 5:30 p.m., the resident ' s dietary card documented: " Hand feed Aspiration precautions eating devices divided plate. "</p> <p>d. At 5:30 p.m., the resident was served the supper meal. The resident was sitting at a table in the back of the dining room. The resident was not assisted with the meal that had been served at supper and she was not encouraged to eat. The resident ate approximately 25% of her supper.</p> <p>e. On 11/06/07 at 12:33 p.m., the resident was served lunch in a regular plate, not a divided plate. The resident was not assisted with the meal</p>	F 282			

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F 282	<p>Continued From page 13</p> <p>that had been served for lunch. The resident was taking large bites of food and would continue to put food into her mouth before swallowing the food she had already put into her mouth. The resident was drooling from the left side of the mouth.</p> <p>3. Resident # 19 had Diagnoses of Dementia and Hypertension. The Minimum Data Set dated 9/14/07 documented the resident had Independent cognitive skills for daily decision making and required set up help for eating.</p> <p>a. A Physician order dated 10/24/07 documented the resident was on a Regular as tolerated diet and was to receive ice cream and fortified foods with meals.</p> <p>b. On 11/6/07 at 12:45 p.m., the resident was served mixed vegetables, noodles Jefferson, one roll, salmon croquettes, regular banana pudding, a carton of ice cream and no milk, instead of fortified foods as per ordered by the Physician.</p> <p>c. On 11/6/07 at 4:00 p.m., Dietary Employee #1 was preparing fortified pudding. The dietary employee used cartons of 2 % milk, dry milk and pudding mix.</p> <p>d. On 11/6/07 at 5:50 p.m., the resident was served corn O'Brien, chicken tender, cauliflower, a carton of whole milk, a carton of ice cream, jell-o, and Regular pudding. No fortified foods were served for the supper meal.</p> <p>4. Resident #20 had Diagnoses of Anemia, Dysphagia and Congestive Heart Failure. The</p>	F 282			

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F 282	<p>Continued From page 14</p> <p>Quarterly MDS dated 8/3/07 documented the resident had modified independent cognitive skills for daily decision making and required set up help only for eating.</p> <p>a. A Physician order dated 10/27/06 documented, "Regular Mechanical Soft diet with Fortified Foods Three Times a Day."</p> <p>b. The menu for Tuesday on 11/6/07 for a Mechanical altered/soft diet for the Dinner meal documented, flaked salmon or chop salmon croquette, noodles Jefferson, green beans/carrots, (mashable), dinner roll/bread, margarine banana pudding dessert, and beverage of choice. ... The menu also documented on the back for High Protein/High calorie: Follow regular meal plan, adding high protein/high calorie foods as tolerated. May need nutritional supplement, recommend 6-8 gm protein (or more) per supplement.</p> <p>c. On 11/6/07 at 12:39 p.m., the resident was served regular pudding, noodles Jefferson, ground salmon croquette, cut green beans with carrots, a carton of whole milk and one roll. The resident was not served fortified foods as per the physician's order.</p> <p>d. On 11/6/07 the 5:00 p.m., supper menu documented, Ground Chicken Tenders w (with)/dipping sauce, cream style corn, cauliflower (mashable), diner roll/bread, margarine, raspberry ribbon delight, milk and beverage of choice.</p> <p>e. On 11/6/07 at 5:42 p.m., the resident was served chicken tender, one roll, cauliflower, jell-o, cream corn and a carton of whole milk, instead of fortified foods.</p>	F 282			

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F 282	Continued From page 15	F 282			
F 309 SS=D	<p>5. On 11/6/07 at 6:15 p.m., Dietary Employee #1 stated, " I made the wrong fortified pudding."</p> <p>6. On 11/6/07 at 6:17 p.m., the facility recipe for fortified pudding documented: high protein shake, whole milk and instant pudding mix or Heavy cream, salad oil, corn syrup, light (Karo), Non fat dry milk, instant pudding mix, vanilla and instant break fast, vanilla.</p> <p>483.25 QUALITY OF CARE</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews the facility failed ensure medication was applied as per physician order and at residents request for 1 (Resident #12) of 1 case mix residents who had a facial skin rash and physician orders for twice a day and as needed application of creams. This failed practice had the potential to affect 3 residents who had a facial rash according to the Administrator on 11/26/07 . The findings are:</p> <p>1. Resident #12 had diagnoses of COPD (Chronic Obstructive Pulmonary Disease, Angina, Renal insufficiency, Depression, and Hypertension. The MDS (Minimum Data Set) dated 8/13/07 documented the resident had</p>	F 309			

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F 309	Continued From page 16 modified independent cognitive skills for daily decision making, was independent in ADLs (Activities of Daily Living), ambulatory with use of Wheel Chair and was continent of bowel and bladder. a. A Physician orders dated 9/18/07 documented, " Hydrocortisone CR (cream) to rash BID (twice a day) PRN (as needed) (facial). " b. The November 2007 Treatment Administration Record did no document any treatment that had been done. c. On 11/5/07 at 3:45 p.m., the resident complained that she had requested cream for her face rash early this morning and still has not received the cream. She stated her face was burning and itching and she put some body lotion on her face but that just made the burning worse. Her face was blotchy and red. d. On 11/5/07 at 4 p.m. LPN # 4 (Licensed Practical Nurse) and RN #1 (Registered Nurse) entered the room. RN #1 stated that she was sorry but she had forgotten to tell the Treatment Nurse about the cream. RN #1 stated that the treatment nurse was still doing treatments and had not left. RN#1 left the room to tell the Treatment Nurse that the resident wanted the cream applied to her face rash. e. On 11/5/07 at 4:30 p.m., after review of the November 2007 TAR (Treatment Administration Record), did not indicate that the treatment had been administered from 11/1/07 thru 11/05/07. f. On 11/6/07 at 10:05 a.m. the resident stated no one came to her room last night (11/5/07) to put	F 309			

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F 309	Continued From page 17 cream on her face.	F 309			
F 312 SS=E	g. On 11/6/07 at 10:20 a.m. LPN #4 stated that the medication nurses did not do the treatments. The LPN stated that the treatments were the responsibility of the Treatment Nurse. h. On 11/6/07 at 3:20 p.m., the Treatment Nurse stated that she was responsible for all skin treatments (prn and routine) and skin audits. 483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to ensure that all areas of the perineum were cleansed for 7 case mix residents (Residents # 1, #3, # 4, # 6, # 7, # 8 and # 11) of a total 10 case mix residents (Residents # 1, #3, #4, #6, #7, #8, #11 and #12) that were incontinent of bowel and bladder. The failed practice had the potential to affect 41 residents in the facility who was incontinent of bowel and bladder according to a list provided by the Administrator on 11/8/07. The Findings are: 1. Resident # 8 had diagnoses of Late Effects Cerebrovascular Disease, Dysphgia, and Hypertension. The MDS (Minimum Data Set) dated 9/4/07 documented that the resident had severely impaired cognitive skills for daily decision making, required total dependent of two	F 312			

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F 312	<p>Continued From page 18</p> <p>person for transfers and toilet use, was dependent of one person for personal hygiene and was incontinent of bowel and bladder.</p> <p>a. The Care plan dated 6/8/07 and updated 9/2/07 documented, " ... Provide pericare after each incontinent episode. "</p> <p>b. On 11/05/07 at 3:45 p.m., CNA (Certified Nursing Assistant) #1 and #2 preformed incontinent care. The CNAs failed to clean the buttocks and the scrotum.</p> <p>c. On 11/06/07 at 4:45 p.m., CNA # 3 and # 4 provided incontinent care for the resident. The CNAs failed to clean the outer buttocks and scrotum.</p> <p>2. Resident # 7 had diagnoses of Paranoid Schizophrenic, Osteoporosis and Dysphagia. The MDS dated 7/10/07 documented that the resident had moderately impaired cognitive skills for daily decision making, required the assistance of two person for transfers, one person for personal hygiene and eating and was incontinent of bowel and bladder.</p> <p>a. The care plan dated 10/9/06 documented, " Provide incontinent care every 2 hours and prn (as needed), may use disposable wash cloth or a towel with warm, soapy water for pericare . "</p> <p>b. On 11/0/07 at 6:13 p.m., CNA # 5 and CNA # 6 preformed incontinent care for the resident. CNA # 5 failed to clean the outer left and right buttocks and failed to separate and clean the labia or mons pubis.</p> <p>3. Resident # 6 had diagnoses of Alzheimer's</p>	F 312		

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F 312	<p>Continued From page 19</p> <p>Disease and Muscle Weakness. The MDS dated 9/6//07 documented that the resident had severely impaired cognitive skills for daily decision making, required the assistance of one person for personal hygiene, was incontinent of bowel and bladder and had a feeding tube.</p> <p>a. The care plan date 9/7/07 documented, " Peri-care after each incontinent episode with soap and water or may use foam cleaner may use disposable wash cloths for peri-care.</p> <p>b. On 11/5/07 at 3:49 p.m., CNA # 7 and # 8 provided incontinent care for the resident. The CNAs failed to clean the scrotum, bilateral buttocks, penis and groin area.</p> <p>c. On 11/6/07 at 9:45 a.m., CNA # 9 and # 10 provided incontinent care for the resident. The CNA 's failed to clean the penis, scrotum, and the outer of bilateral buttocks.</p> <p>4. Resident # 11 had diagnoses of Arthropathy (Pelvis), Pain in the Joints, Psychosis, and Cardiomegaly. The MDS dated 10/3/07 documented that the Resident had moderately impaired cognitive skills for daily decision making, required the assistance of two person for transfer, required the assistance of one person for dressing and personal hygiene and was incontinent of bowel and bladder.</p> <p>a. The care plan dated 5/11/07 documented, " Cleanse perineal area with soap and water following each urination ... each bowel movement. "</p> <p>b. On 11/7/07 at 9:10 a.m. CNA # 10 and # 11 provided incontinent care. CNA #11 transferred</p>	F 312			

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F 312	<p>Continued From page 20</p> <p>the resident from a wheelchair to commode. The incontinent brief and the pad that was lining the wheel chair that the resident sits on was wet. CNA # 10 washed back to front and failed to clean the buttocks, failed to separate and wash the labia, the mons pubis, or the inner thigh.</p> <p>5. Resident #1 had diagnoses of Urinary Incontinence, Urinary Tract Infection, Hypertension and Cerebrovascular Accident. The Medicare 30 day MDS documented the resident had severely impaired cognitive skills for daily decision making, was totally dependent for ADL (Activities of Daily Living), required one person to physical assist for toilet use and was incontinent of both bowel and bladder.</p> <p>a. On 11/05/07 at 6:25 p.m., CNA #5 with CNA #6 provided incontinent care for the resident. The resident had been incontinent of urine. The CNAs did not cleanse the residents buttocks or the perineal area.</p> <p>b. On 11/06/07 at 9:15 a.m., the resident was transferred to bed. CNA #8 and 7 provided incontinent care for the resident. The resident had been incontinent of urine. The resident's buttocks were not cleansed.</p> <p>6. Resident #3 had diagnoses of Urinary Tract Infection and Incontinence. The Quarterly MDS dated 9/4/07 documented the resident had modified independent cognitive skills for daily decision making, was totally dependent for ADL, required one person to physical assist for toilet use and was incontinent of bowel and bladder.</p> <p>a. On 11/06/07 at 1:45 p.m., the resident was receiving incontinent care given by CNA #8 with CNA #7 assisting. The resident had been</p>	F 312			

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F 312	Continued From page 21 incontinent of urine. The resident's buttocks were not cleansed during incontinent care. 7. Resident # 4 has diagnoses of Alzheimers Disease. The MDS(minimum data set) dated for 9/27/07 documented that the resident had severely impaired cognitive skills for daily decision making, was totally dependent on staff for transfers and personaly hygiene and was incontinent of bowel and bladder. a. On 11/6//07 at 8:45 a.m., CNA # 7 and # 8 were preforming incontinent care on the resident. CNA # 7 failed to separate and wash the labia and clean the buttocks. 9. The Facility policy entitled ' Preineal Care ' received from the Administrator on 11/8/07 at 12:40 p.m. documented, " Steps in the Procedure for a female resident. a. Wet washcloth and apply soap or skin cleansing agent. b. Wash perineal area, wiping from front to back. (1) Separate labia and wash area downward from front to back. (2) Continue to wash the perineum moving from inside outward to and including the thighs, alternating from side to side, and using downward strokes. Do not reuse the same washcloth or water to clean the urethra or labia. (3) Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth. (4) Gently dry perineum e. Wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks. Do not reuse the same washcloth or water to clean the labia. Steps in the Procedure for a male resident: b. Wash perineal area starting with urethra and working outward. (1) Retract foreskin of uncircumcised male. (2) Wash and rinse urethral area using a circular motion.	F 312			

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F 312	Continued From page 22 (3) Continue to wash the perineal area including the penis, scrotum, and inner thighs. c. Thoroughly rinse perineal area same order, using fresh water and clean washcloth. d. Gently dry perineum following same sequence. e. Reposition foreskin of uncircumcised male. h. Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus and the buttock. "	F 312			
F 314 SS=E	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that heel protectors were put in place for 1 case mix resident (Resident #6), failed to ensure that CNAs reported any new reddened areas for 1 case mix resident (Resident #8) of 30 case mix residents (Residents # 1-15 and 19 - 33) that received preventive skin care, and failed to ensure that physician orders were followed for 2 case mix residents (Residents #5 and 6) of 2 case mix residents with physician orders for dressing changes. These failed practices had the potential to affect 3 resident with pressure ulcers, and 70 residents receiving preventive skin care according to the Resident Census and Conditions of	F 314			

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F 314	Continued From page 23 Residents form dated 11/06/07. The findings are: 1. Resident # 6 had diagnoses of Alzheimer's Disease and Muscle Weakness. The MDS (Minimum Data Set) dated 9/6//07 documented that the resident had severely impaired cognitive skills for daily decision making, required total assistance of one person for personal hygiene, was incontinent of bowel and bladder, and had a feeding tube. a. The care plan dated 9/7/07 documented, " Heel protectors while in bed. " b. On 11/5/07 at 3:10 p.m., 3:45 p.m. and 3:50 p.m. the resident was in bed and did not have on heel protectors. There were no heel protectors in room. c. On 11/6/07 at 6:25 p.m., 9:45 a.m. and 12:45 p.m., the resident was in bed and the resident had no heel protectors on. d. A Physician Order dated 10/3/07 documented to clean 3.0x 6.0 cm (centimeter) Stage III ulcer to left buttocks with wound cleanser apply santyl to wound bed cover with collagen to promote granulation and foam QD (every daily) and PRN (as needed). e. On 11/6/07 at 9:45 a.m., the resident was turned on his left side. The resident had a wound on the left buttock. There was no dressing on the Stage III Pressure Ulcer. The Treatment Nurse stated that the Resident was having loose stools and the dressing must have come off last night. The Treatment Nurse was asked if another dressing should have been reapplied. The Treatment Nurse replied yes.	F 314			

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F 314	Continued From page 24 2. Resident # 8 had diagnoses of Late Effects of Cerebrovascular Disease, Dysphgia, and Hypertension. The MDS dated 9/4/07 documented that the resident had severely impaired cognitive skills for daily decision making required the assistance of two persons for transfers and toilet use, one person assistance for personal hygiene and was incontinent or bowel and bladder. a. The care plan dated 6/8/07 documented, " Problem Impaired skin integrity, potential R/T (related to) weakness, decline in health status and nutritional level. ... Report any new reddened areas or skin breakdown to MD (Medical Doctor) " b. On 11/5/07 at 3:45 p.m., CNA (Certified Nursing Assistant) #1 and 2 provided incontinent care for the resident. The resident had a reddened area on the left inner heel that measured approximately 1.5 cm x 1.5 cm. c. On 11/7/07 at 3:50 p.m., the Treatment Nurse was asked if the CNA ' s had reported any reddened areas on the resident ' s heel. The Treatment Nurse replied, "No." The Treatment Nurse was asked how the CNA ' s reported a change in a resident ' s condition. The Treatment Nurse replied, " There is a card the CNA's can fill out. " 3. Resident #5 had a diagnosis of Quadriplegia, R (Right) AKA (Above the knee Amputation), History of Multiple Pressure Sores, Contractures, Parkinson's, History of UTI's (Urinary Tract Infections) and HTN (Hypertension). The Quarterly MDS dated 8/6/2007 documented the resident had moderately impaired cognitive skills for daily decision making, was totally dependent	F 314			

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F 314	<p>Continued From page 25</p> <p>in ADLs (Activities of Daily Living) with 2 -3 physical assistance, was incontinent of bowel and bladder, had a foley catheter and pressure sores.</p> <p>a. The Care Plan dated 11/3/2006 and updated on 8/6/2007 documented, " Resident at risk for and has a history of pressure sores. Pressure Relieving Mattress, keep Resident clean and dry as possible, mechanical lift for transfers, Geri chair as tolerated, treatment as ordered, turn and position every 2 hours and as needed, pressure relief and aid in positioning, pillow between knees and under bony prominences, report skin issues to MD (Physician) promptly for intervention, Provide incontinent care every 2 hours and prn, ROM (range of motion) during care, careful not to massage bony prominences, treatment will be changed if no s/s (signs and symptoms) of healing observed in prescribed time, keep MD informed on status of skin issues per his treatment and Arginade added to regimen to augment wound healing. [Hand written Problem and Approaches] dated 10/12/07 Pressure areas cont. (continue) to occur - will heal [and] break down again ... Arginade added to regimen to augment wound healing. "</p> <p>b. A Physician order dated 10/9/07 documented, " Order clarification Right ischial Tuberosity [and] left ischial Tuberosity pressure ulcer clean [with] wound cleanser thin layer santyl applied with collagen foam drsg (dressing) QD (every day) until healed ... "</p> <p>c. On 11/6/2007 at 9:40 a.m. the resident was provided incontinent care by CNA #12 and 13. The resident had a pressure sore to left lower buttock. There was no dressing on the pressure sores before or after incontinent care had been</p>	F 314			

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F 314	<p>Continued From page 26</p> <p>provided. He was taken out of his room and positioned in front of the nurse ' s station.</p> <p>d. On 11/06/07 at 10:05 a.m., 11:00 a.m., 11:30 a.m. the resident was observed in the same position at the Nursing Station.</p> <p>e. On 11/6/07 at 11:40 a.m. CNA (Certified Nursing assistant) pushed the Geri chair into the main dining room and placed the resident at a feeder table.</p> <p>f. On 11/6.07 at 1:10 p.m. the resident was returned from the dining room to the Nurses Station.</p> <p>g. On 11/6/07 at 1:45 p.m. CNA #3 took Resident back to room. CNAs #1, #2 and #3 transferred him back to bed; Incontinent care was provided. There was no dressing on the pressure ulcer on the left lower buttock. No treatment was done.</p> <p>h. The Resident was monitored from 9:40 a.m. until the resident was returned to his room at 1:45 p.m. and the Resident remained in the same position while sitting up in the Geri-Chair in front of the nursing station for four (4) hours and 5 minutes.</p> <p>i. On 11/7/07 at 9:00 a.m. foley catheter was not in place. CNAs # 13 and Student Practical Nurse #1 provided incontinent care for the resident. The incontinent pad was saturated with urine and there were no dressings covering the pressure sores that were located on the resident ' s left lower buttock. The resident was asked if a treatment and dressing change was done last night (11/6/2007) on his bottom, he stated no, but they did put some cream on.</p>	F 314			

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F 314	Continued From page 27	F 314			
F 322 SS=D	<p>483.25(g)(2) NASO-GASTRIC TUBES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that the head of bed remained elevated at all times during the infusion of a tube feeding for 1 case mix resident (Resident # 6) of 3 case mix residents that had physician orders for tube feeding (Residents #2, 4 and 6). This failed practice had the potential to affect a total of 5 residents in the facility that had physician orders for tube feedings. The findings are:</p> <p>1. Resident # 6 had diagnoses of Alzheimer's</p>	F 322			

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F 322	Continued From page 28 Disease and Muscle Weakness. The MDS (Minimum Data Set) dated 9/6/07 documented that the resident had severely impaired cognitive skills for daily decision making, was totally dependent on one person to physical assistance for personal hygiene, was incontinent of bowel and bladder, and had a feeding tube. a. The care plan dated 9/7/07 documented HOB (head of bed) up at all times except when providing ADL (Activities of Daily Living) care, turn feeding off during care. b. A Physicians Order dated 10/19/07 documented, " Nova Source Pulmonary via pump at 85 cc/hour via pump. " c. On 11/5/07 at 3:10 p.m., 3:30 p.m. and 3:45 p.m., the resident ' s head of the bed was flat. The resident had a tube feeding infusing at 85 cc (cubic centimeters) per hour. h. On 11/5/07 at 3:49 p.m., CNA # 10 rolled the resident head of bed down with the tube feeding continuing to infuse via pump at 85 cc per hour.	F 322			
F 323 SS=E	483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation record review and	F 323			

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F 323	Continued From page 29 interview, the facility failed to ensure that axilla area was not used when transferring a resident to prevent the potential for injury for 6 case mix residents (Residents #1, 2, 5, 7, 8 and 11) of 8 case mix residents (Residents #1, 2, 4, 7, 8 and 11, 26, and 32) that was dependent on 2 person and/or a Mechanical lift for transfer, failed to ensure that physical restraints were secured according to manufacturers recommendation for 3 case mix residents (Residents #7, 10 and 11) of 4 case mix residents (Residents #7 #10 #11 and #23) with physical restraints and failed to implement new interventions after falls for 1 case mix resident (Resident #15) of 17 case mix residents (Residents #1 #3 #4-#8 #10-#11#13 #23 #25 #27 #28-#30 and #32) that were a risk for falls. These failed practices had the potential to affect 15 residents who were dependent on staff for two person and/or the use of a mechanical lift for transfers, 6 residents in the facility who required the use of a physical restraints and 55 residents in the facility who were at risk for falls according to lists provided by the Administrator on 11/8/07. The findings are: 1. The Application instruction sheet entitled 'Posey lap belt' received from the Administer on 11/8/07 at 4:30 p.m., documented, " 1) Lay the belt across the patients lap, foam side down. 2) Bring the strap ends with loops down over the thighs between the seat and the wheelchair skirt guard. 3) Go around the back post and cross the straps behind the patient. Secure the loops on the wheelchair tilt levers. The belt should be over the patient ' s hips at a 45 degree angle holding the hips against the back f the chair. 4) Tighten the straps snugly using the side buckles. 2. The Facility's Policy entitled 'Moving a	F 323			

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F 323	<p>Continued From page 30</p> <p>Resident, Bed to Chair/Chair to bed', received from the Administrator on 11/8/07 documented if the resident cannot stand alone, tow person (one on each side) should lock arms with the resident, gently stand and turn the resident and sit him on her in the chair. If the resident can assist in this procedure, stand on the resident weak side Encourage the resident to use his or her strong side and to assist in the procedure as much as possible. Support the resident by placing a belt around the resident's waist for you to hold and steady the resident. .</p> <p>3. Resident #1 had diagnoses of Urinary Incontinence, Urinary Tract Infection, Hypertension, Diabetes Mellitus, Bilateral Above Knee Amputee, and Cerebrovascular Accident. The Medicare 30 day MDS (Minimum Data Set) documented the resident had severely impaired cognitive skills for daily decision making, was totally dependent for ADL (Activities of Daily Living), required the assistance of one person to physical assist for toilet use and was incontinent of both bowel and bladder.</p> <p>a. The Plan of care dated 8/16/07 page 8 documented, "Problem onset 1/15/07: At risk for falls above and below knee amputation and hemiplegia/hemiparesis. At risk for injury related to falls. Approaches: Use mechanical lift for all transfers."</p> <p>b. On 11/05/07 at 6:25 p.m., the resident was being transferred from a wheelchair to the bed per Certified Nursing Assistant (CNA) #5 and CNA #6. The resident was lifted under each arm and lifted to the bed supporting most of the resident's weight with the axilla.</p>	F 323			

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F 323	<p>Continued From page 31</p> <p>c. On 11/6/07 at 9:15 a.m. CNA #8 was asked how did the CNA's know which resident was to be transferred with the mechanical lift. The can stated, "It is in the ADL book and also on the outside of the resident's room."</p> <p>4. Resident # 2 had diagnosis of History of Seizures, Left Hemi paresis, Cerebrovascular Accident and Autosomal Neurologic Disorder. The Quarterly MDS dated 9/12/07 documented the resident had moderately impaired cognitive skills for daily decision making, bed fast all or most of the time, not able to attempt balance while standing or sitting, and was totally dependent for ADL.</p> <p>a. The Plan of Care dated 9/17/07 page 2 documented, "Problem onset: Requires total care with all ADL's (Activities of Daily Living) related to old CVA and resident's unwillingness to participate in ADL care. Approaches: 2 person assist with bed mobility. Mechanical lift only for transfers."</p> <p>b. On 11/6/07 at 8:50 a.m., the resident was being transferred from a shower chair to the bed per CNA #9 and CNA #10. One CNA stood on each side of the resident and place one arm under the resident ' s axilla and lifted the resident to the bed. The resident ' s knees were bent and the resident ' s weight was supported by the resident ' s axilla. The resident's current weight according to the form entitled ' Weekly Weights ' for 10/31/07 documented the residents weight was 143 pounds.</p> <p>5. Resident #10 had diagnoses of History of Seizures, Edema, Hemiplegia and Muscle Weakness. The Quarterly MDS dated 8/13/07</p>	F 323			

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F 323	<p>Continued From page 32</p> <p>documented the resident had independent cognitive skills for daily decision making, required one person to physical assist for transfers and required limited assistance of one person to physical assist for ADL's.</p> <p>a. The care plan dated 5/11/07 documented, " Check restraint [every] 30 minutes. Release [every] 2 hours x 10 minutes for ROM, Incontinence care, and repositioning. "</p> <p>b. On 11/5/07 at 1:00 p.m., Licensed Practical Nurse #7 stated that the resident used a soft belt restraint when up in wheel chair.</p> <p>c. On 11/05/07 at 7:44 p.m., as the surveyors walked down the hallway the resident was heard screaming, "Help, help. " The surveyors went into the resident's room and found her halfway out of the wheelchair. The pressure relief device was pushed forward and the resident had slipped halfway out of the wheelchair, the soft belt was still around the resident's waist but was not hooked on the wheelchair posts in the back. The resident could not undo the straps. The straps for the seat belt were the type that criss cross and slip into the back posts of the lower back of the wheelchair. The Nurse along with the CNA was summoned to come to the resident's room to assist the resident.</p> <p>b. On 11/06/07 at 12:45 p.m., the resident was leaving the dining room and was propelling herself down the hallway toward the direction of the resident ' s room. The soft belt restraint was not secured or hooked to the back of the wheelchair. The restraint straps were hanging down on each side. There was facility staff members present in the doorway of the dining</p>	F 323			

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F 323	<p>Continued From page 33</p> <p>room as the resident propelled herself through the doorway leaving the dinning area</p> <p>6. Resident # 7 had diagnoses of Paranoid Schizophrenic, Osteoporosis, and Dysphagia. The MDS dated 7/10/07 documented that the resident moderately impaired cognitive skills for daily decision making. Required the assistance of two person to physical assistance for transfers was totally dependent of one person physical assist to perform personal hygiene and eating and was incontinent of bowel and bladder.</p> <p>a. The care plan dated 10/9/06 and reviewed 2/6/07 documented, " Problem Onset: at risk for fall(s) AEB use of soft waist belt and hx (history) of falls ... Approaches: Provide 2 person assist with transfers as needed ... [hand written] dated 2/6/07 ... implement soft w/c (wheel chair) belt while [up] in w/c check [and] release per facility protocol.</p> <p>b. A Physician Order dated 7/8/07 documented, X-TR (extra) secure soft w/c (wheelchair) belt while in wheelchair to prevent unassisted transfers check every 2 hours , release for 10 minutes for incontinent care and ROM (range of motion).</p> <p>c. On 11/05/07 at 5:40 p.m., the resident was sitting up in a wheelchair in the dining room with a soft restraint belt that was not tied. The resident was assisted out of the dining room at 5:45 p.m., to the hallway and the resident's soft belt restraint was not secured to the back of the wheelchair. The resident rolled herself to her room. The surveyor monitored the resident continuously maintaining visibility of the resident at all times. At 6:03 p.m., the call light was pulled out of the wall by the resident and answered at 6:05 p.m. The</p>	F 323			

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F 323	<p>Continued From page 34</p> <p>staff left the room and the soft restraint belt was left unsecured. At 6:09 p.m., the resident attempted to stand and LPN # 1 was called and the resident sat down in the floor landing on the right foot rest.</p> <p>At 6:10 p.m., the resident was lifted up and off the floor by LPN # 1 and CNA # 6. The LPN and CNA placed an arm at the resident ' s axilla and lifted the resident with the LPN using her right knee to push the resident toward the bed, dragging the resident. The resident was not able to bear weight and the resident ' s weight was supported by the axilla area.</p> <p>7. Resident # 8 had diagnoses of Late Effects of Cerebrovascular disease, Dysphagia and Hypertension. The MDS dated 9/4/07 documented that the resident had severely impaired cognitive skills for daily decision making, required two person physical assistance for transfers and toilet use, was incontinent of bowel and bladder and was totally dependent of one person for personal hygiene</p> <p>a. On 11/06/07 at 4:45 p.m., CNA #3 and #4 transferred the resident. Each CNA placed an arm under the resident's axilla area and CNA#3 grabbed the back of the resident ' s pants at the waist band and the resident was transferred to the bed. The resident's knees were bent and the resident's feet dragged across the floor during the transfer to the wheelchair. The resident ' s weight was place at the axilla and groin as the pants was pulled taunt with the transfer</p> <p>8. Resident # 11 had diagnoses of Arthroplasty, Pain in the Joints, Psychosis, and Cardiomegaly. The MDS dated 10/3/07 documented that the</p>	F 323			

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F 323	<p>Continued From page 35</p> <p>resident had moderately impaired cognitive skills for daily decision making, required the assistance of two persons for transfer, was totally dependent on one person physical assist with dressing and personal hygiene and was incontinent of bowel and bladder</p> <p>a. On 11/7/07 at 9:10 a.m., CNA # 10 and # 11 transferred the resident from a wheel chair to the commode. The CNAs place an arm under each of the resident ' s axilla area and each held onto the resident ' s disposable brief and lifted the resident to the commode. After the resident had completed using the commode the CNAs using the same procedure transferred the resident back into the wheel chair. The residents was non weight bearing, the knee were bent and the residents weight was supported by the axilla during the transfer.</p> <p>b. A Physician Order dated 10/01/07 to use X-TR soft waist belt until full lap tray comes in.</p> <p>c. On 11/05/07 at 6:20 p.m. and 6:45 p.m., the resident was sitting up in a wheelchair with a soft belt restraint in place. The straps of the restraint was up over the side plate of the wheelchair and loosely criss-crossed in the back and the resident was leaning to the left.</p> <p>d. On 11/6/07 at 8:59 a.m., until 10:10 a.m. the resident was observed by the surveyor. The resident was sitting up in the wheelchair with a soft belt restraint in place. The restraint was not connected in the back of the wheelchair. At 10:10 a.m., CNA # 10 connected the straps on the wheelchair with the straps connected over the side plate of the wheelchair.</p>	F 323			

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F 323	<p>Continued From page 36</p> <p>9. Resident # 15 had diagnoses of Osteoporosis and Alzheimers Disease. The MDS dated 8/23/07 documented that the Resident had modified independent cognitive skills for daily decision making required limited assistance of one person for transfers and bed mobility and required limited to extensive assistance for toilet use and personal hygiene.</p> <p>a. The care plan dated 11/30/06 documented, " Problem Onset: at risk for falls AEB hx falling, had fall in past 30 days, antianxiety/antidepressant med use, and unsteady gait with use of walker. At risk for injury related to fall(s) ... Approaches updated 6/23/07 [hand written] to ER (emergency room) bed alarm placed on bed. 10/10/07 - admitted to hosp (hospital) for observation. 10/15/07 Res (Resident) to be encouraged [and] reminded to call for assist (assistance) bed alarm. "</p> <p>a. The Incident/Accident Report dated 10/10/07, 10/15/07, and 10/27/07 documented:</p> <p>10/10/07 time 1340 (1:40 p.m.) Called to room 214B per CNA. Received R (Resident) sitting on floor in front of closet doors. blood noted to [right] temporal [with] approx (approximately) 1 cm (centimeter) laceration [with] bleeding noted. R c/o (complained of) RUE/RLE (Right Upper Extremity and Right Lower Extremity). [No] other injuries noted. ... Addition comments and/or steps taken to prevent recurrence: Encouraged to use walker ... Past Interventions Attempted - Bed Alarm place on bed ...Recommendation/New interventions - Sent to ER for evaluation, admitted for observation "</p> <p>10/15/07 time 0830 (8:30 a.m.) Received R sitting</p>	F 323			

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F 323	Continued From page 37 on floor in front of w/c in room. R states she lost her balance [and] " sat " down. [No] apparent injuries noted. ... Additional comments and/or steps taken to prevent recurrence: Encouraged R to use c/l (call light before transferring self ... Past interventions attempted ... Pathways clear, call light in reach, adeq. (adequate) lighting, bed alarms ... Recommendations/New Interventions .Encourage [and] remind to use call light [and] call for assist (assistance) " 10/27/07 at 0015 (12:15 a.m.) [Resident] attempted unassisted transfer and sustained a small 1 cm x 1 cm skin tear to lower R leg. ... Additional comments and/or steps taken to prevent recurrence: [nothing written] ... Past Interventions Attempted ... Bed at lowest level - call light in reach , answered promptly - pathways clear - adequate lighting - walker nearby - [Resident] reminded to call for help - bed alarm - reorient [and] redirect as needed ... Recommendations/New Interventions Continue to re - orient [and] redirect as needed ... "	F 323			
F 332 SS=E	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation of the 8:00 a.m. medication pass on 11/7/07 the facility failed to follow Physician orders to ensure that the medication error rate was less than 5%. Physician orders were not followed on 2 case mix residents (Residents # 21 and # 22) of 6 Residents observed during the medication pass. Medication	F 332			

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F 332	Continued From page 38 error was made by 1 Licensed Practical Nurse (LPN) #3 of 2 nurses that administered medication. This failed practice had the potential to affect 35 residents receiving medications from this nurse according to the Director of Nursing on 11/7/07 at 10:00 a.m.. The medication error rate was 9.30% based on administration of 41 medications plus 2 medications ordered but not administered and observations of a total of 4 errors. The findings are: 1. Resident # 21 had a diagnosis of Secondary Parkinsonism. a. A Physicians order dated 11/3/07 for Mirapex .25 mg three times a day which was not administered on 11/7/07 at 7:40 a.m. by LPN # 3. b. A Physician Order dated 9/6/07 for Sinemet CR 25/100 to administer 2 tablets three times a day. Sinemet 24/100 was administered at 7:40 a.m. on 11/7/07 by LPN #3. 2. Resident # 22 had diagnoses of Chronic Airway Obstruction, Shortness of Breath and Pneumonia. a. A Physicians Order dated 10/19/07 for Nasanex Nasal Spray to use 2 Spray in each nostril every day. Only 1 spray was administered in each nostril at 8:08 a.m. on 11/7/07 by LPN # 3. b. A Physician Order dated 5/17/07 for an Albuterol 0.083%/Atrovent solution updraft 4 times a day. Albuterol 0.083% solution was administered at 8:08 a.m. by LPN # 3.	F 332			
F 333 SS=E	483.25(m)(2) MEDICATION ERRORS The facility must ensure that residents are free of	F 333			

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F 333	Continued From page 39 any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation of the 8 a.m. medication pass on 11/7/07 and record review the facility failed to follow Physicians Orders to ensue that Residents were free of significant medication errors for 1 case mix resident (Resident #21) of 6 residents observed during the medications pass that was found to have a significant medication error. A significant medication error was made by 1 Licensed Practical Nurse (LPN) #3 of 2 Nurses that administered medications . This failed practice had the potential to affect 35 residents receiving medications from this nurse according to the Director of Nursing on 11/7/07 at 10:00 a.m.. The findings are: 1. Resident #21 had diagnoses of Paralysis Agitanas and Parkinsonism. a. A Physicians order dated 10/19/07 for Mirapex .125 mg (milligrams) three times a day for 2 weeks (stop pm [evening] 11/2/07) then Mirapex .25 mg three times a day (stop on 11/17/07) then Mirapex .5 mg three times a day. b. On 11/7/07 at 7:40 a.m., the only Mirapex available for administration was the .125 mg and the nurse did not administer the medications. c. On 11/7/07 the provider Pharmacy stated that the Mirapex .125 mg was all that they had dispensed and that was 42 tablets (a 14 day supply) on 10/29/07. d. Reconciliation of the medication cards dated	F 333			

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F 333	Continued From page 40 10/29/07 revealed that 19 tablets remained and 23 tablets had been administered e. From 10/30/07 thru 11/6/07 24 doses of medication should have been administered and these doses should have been Mirapex .125mg from 10/30/07 thru 11/2/07 and .25 mg from 11/3/07 until 11/17/07 but .25 mg from 11/3/07 until 11/17/07 however .125 mg was administered from 11/3/07 thru 11/6/07 for a total of 12 wrong doses. f. This is significant due to the resident ' s condition and frequency of the error. 2. Resident # 21 had a Physicians order dated 9/6/07 for Sinemet CR 25/100 to administer 2 tablets 3 times a day. a. On 11/7/07 at 7:40 a.m., the resident was administered 2 plain Sinemet 25/100. b. On 11/7/07 at 9:15 a.m., the provider Pharmacy stated that only the plain Sinemet 25/100 had been dispensed. c. The September 2007 Medication Administration Record (MAR), the October 2007 MAR and the November 2007 MAR from November 1 thru November 7 documented that the resident had received 183 wrong doses of Sinemet 25/100 instead of the Sinemet CR 25/100. d. This was a significant due to the resident ' s condition and frequency of the error.	F 333			
F 366	483.35(d)(4) FOOD	F 366			

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F 366 SS=D	Continued From page 41 Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure substitutes were offered for food items that were disliked at meals for 1 case mix resident (Resident #19) of 16 (Resident # 1 through 16) case mix residents that received their meals from the kitchen. This failed practice had the potential to affect 65 residents who received their meal trays from the kitchen, as identified by the facility Diet List dated 11/5/07. The findings are: 1. Resident # 19 had Diagnoses of Dementia and Hypertension. The Minimum Data Set dated 9/14/07 documented the resident had independent cognitive skills for daily decision making and required set up help for eating. a. The care plan dated 9/17/07 documented the resident was at risk for weight loss due to resident consumes 50 % of meals and was on a therapeutic diet. The approaches for this problem were for the staff to offer alternates for foods disliked. b. A Physician order dated 10/24/07 documented the resident was to receive ice cream and fortified foods with meals. c. On 11/6/07 at 12:45 p.m., the resident was served mixed vegetables that consisted of peas and carrots, noodles Jefferson, one roll, salmon	F 366			

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F 366	Continued From page 42 croquettes, regular banana pudding, a carton of ice cream and no milk, instead of fortified foods as per ordered by the Physician. The resident left the carrots uneaten and stated, "I don ' t eat carrots." There were no substitutes offered to the resident by the staff members. d. On 11/6/07 at 5:50 p.m., the resident was served corn O'Brien, chicken tender, cauliflower, a carton of whole milk, a carton of ice cream, jello and regular pudding. The resident did not eat the corn O'Brien and cauliflower. The resident stated, " I don't like corn and cauliflower, they are like each other. " There were no substitutes offered to the resident by the staff members in the dinning room.	F 366			
F 502 SS=E	483.75(j)(1) LABORATORY SERVICES The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that Physician Orders for obtaining lab were followed for 2 case mix residents (Resident #11, and # 15) of 31 (Residents #1-15, 17- 20, and 22- 33) that had lab orders. This failed practice had the potential to affect all 70 residents that had lab orders as identified on the Resident Census and Conditions of Residents form dated 11/6/07. The findings are: 1. Resident # 11 had diagnoses of Arthroplasty, Pain in the Joints, Psychosis, and Cardiomegaly.	F 502			

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F 502	<p>Continued From page 43</p> <p>The MDS (Minimum Data Set) dated 10/3/07 documented that the Resident had moderately impaired cognitive skills for daily decision making.</p> <p>a. A Physician Order dated 8/3/07 documented, " PT/INR (protime) Q (every) month. "</p> <p>b. The Lab Services Quality Assurance Report received from LPN# 5 on 11/6/07 documented Problem Reported The facility called and asked with the monthly PT/INR for the patient was not drawn in October; Investigation: The laboratory first examined the scheduling program to determine if the patient had a PT/INR scheduled on a monthly basis. The examination showed that the patients did have a routine PT/INR scheduled on a monthly basis. The laboratory then found on the routine sheet an order requesting that the PT/INR not be collected on 10/25/07 but instead be collected on 11/27/07. The request was signed by Nurse # 7.</p> <p>c. On 11/7/07 after review of the clinical records, there was no documentation in the clinical record that the Physician was notified of the lab (PT/INR) for October had not been drawn.</p> <p>2. Resident #15 had diagnoses of Osteoporosis and Alzheimers Disease. The MDS dated 8/23/07 documented that the resident had modified independent cognitive skills for daily decision making.</p> <p>a. A Physician Telephone Order dated 8/30/07 documented, " Collect stool to culture for C-Diff. "</p> <p>b. On 11/8/07 LPN # 2 stated that she checked with the Lab and as far as she could tell it had not been collected.</p>	F 502			

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F 502	Continued From page 44	F 502		
F 505 SS=E	<p>483.75(j)(2)(ii) LABORATORY SERVICES</p> <p>The facility must promptly notify the attending physician of the findings.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13028 was substantiated with these findings:</p> <p>Based on record review and interview the facility failed to ensure lab values are obtained and reported to the physician in a timely manner for 17 case mix residents (Residents #1, 2, 3, 6, 10, 22 - 31 and 33) of 31 (Residents #1-15, 17- 20, and 22- 33) case mix residents that had lab orders. This failed practice had the potential to affect 70 residents in the facility as identified on the Resident Census and Conditions of Residents form dated 11/6/07. The findings are:</p> <p>1. Resident #1 had diagnoses of Urinary Incontinence, Urinary Tract Infection, Hypertension, Diabetes Mellitus, and Cerebrovascular Accident. The Medicare 30 days Minimum Data Set assessment documented the resident had severely impaired cognitive skills for daily decision making,</p> <p>a. The Plan of Care with review dated of 1/15/07 page 14 documented, "Labs as ordered with all lab values forwarded to MD [medical doctor] promptly."</p> <p>b. A laboratory result form dated 9/7/07 documented, "Abnormal summary ... Albumin</p>	F 505		

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F 505	Continued From page 45 level 2.8 g/dl [grams per deciliter], " with normal lab values at 3.5-5.0." c. A Laboratory result form dated 9/12/07 documented, "BMP (Basic Metabolic Profile) Abnormal summary: Chloride-116 Normal lab value range (101-111), Glucose-321 (Normal lab values range 74-118), Urea Nitrogen -27 Normal lab values range (8-26), Creatinine-1.2 Normal lab values range (0.6-1.1), Calcium-8.8 Normal lab value range (8.9-10.3), Osmolality- 292 Normal lab value range (258-300). A note on the lab result form documented, "10/17/07 ... Panic value: Repeat BMP now ... " There was documentation on the lab report that these reports were faxed on 10/17/07. 2. Resident # 2 had diagnoses of History of Seizures, Left Hemiparesis and Autosomal Neurologic Disorder. The Quarterly MDS dated 9/12/07 documented the resident had moderately impaired cognitive skills for daily decision making. a. The Plan of Care dated 9/17/07 documented, "Labs per orders with results to MD." b. The September 2007 Physician's order documented, "Dilantin, CMP, Depakote levels every 3 months (June, August, November, December)." c. A laboratory result dated 9/12/07 documented, "Abnormal summary: Carbon Dioxide-32.3, Normal lab values range (22-32), Glucose-133, Normal lab value range (74-118), Calcium-7.9, Normal lab value range (8.9-10.3), Total Protein-5.5, Normal lab value range (6.5-11.1), Albumin-2.7, Normal lab value range (3.5-5.0), Alkaline Phosphatase-149, Normal lab value range (32-91), AST -149, Normal lab value range	F 505			

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F 505	<p>Continued From page 46</p> <p>(15-41), ALT -133, Normal lab value range (14-54), BUN-Creatinine Ratio- 1, Normal lab value range (1.2-2.2), Dilantin-28.5, Normal lab value range (10-20), Valproic Acid-24.6, Normal lab value range (50-100)." A note on the lab result form documented, "Panic value: Repeat dilantin level now ... faxed 10/15/07 "</p> <p>3. Resident #3 had diagnoses of Urinary Tract Infection and Incontinence. The Quarterly MDS dated 9/4/07 documented the resident had modified independent cognitive skills for daily decision making.</p> <p>a. The Plan of Care dated 9/5/07 documented, "Monitor lab values and report abnormals to MD."</p> <p>b. A laboratory result form dated 7/9/07 documented, "Abnormal summary: Hemoglobin A1C-8.2 Normal lab value range (4.6-6.2). " The laboratory result documented, "Faxed 10/17/07."</p> <p>4. Resident #10 had diagnoses of Edema, Hemiplegia, and Hypertension. The Quarterly MDS dated 8/13/07 documented the resident had independent cognitive skills for daily decision making.</p> <p>a. The Plan of Care dated 8/16/07 page 5 documented, "Monitor lab values and report abnormal to MD."</p> <p>b. A physician's Order dated 6/16/07 documented, "Lipid Profile Q (every) 6 months."</p> <p>c. A laboratory report dated 9/14/07 documented abnormal values: Cholesterol (chol)-219, Normal lab value range (100-200), HDL (high density lipoprotein) 26 --- mg/dl, Normal lab value range</p>	F 505			

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F 505	<p>Continued From page 47</p> <p>(50-90), Chol/HDL ratio-8.4, Normal lab value range (1.5-4.5), LDL (low density lipoprotein)-181 Normal lab value range (0-100). CBC (complete blood count)-Abnormal summary: WBC (white blood count) 10.4 Normal lab value range (4.1-9.3), RDW-14.5, Normal lab value range (11-13.5), Basophils-1.6, Normal lab value range (0-1.3), Eosinophils-582, Normal lab value range (0-450)." The lab for had hand written on the lab report, "Faxed 10/17/07."</p> <p>5. Resident #22 had diagnoses of Atrial Fibrillation and Congestive Heart Failure.</p> <p>a. A Physician Order dated 9/13/07 documented, "PT/INR Q MO (month)."</p> <p>b. A Laboratory result form dated 9/26/07 documented, "Prothrombin Time-19.81 seconds, Normal lab value range (9.45-13.0), INR 1.91, Normal lab value range (2.00-3.00). A note at the bottom of the lab result documented, "Faxed 10/17/07. "</p> <p>6. Resident #23 had diagnoses of Cardiac Dysrhythmias and Muscle Weakness. The MDS dated 10/01/07 documented the resident had moderately impaired cognitive skills for daily decision making.</p> <p>a. A Physician's order dated 8/14/07 documented, "K+ (potassium) 10 meq (Milli equivalent) 1 po (by mouth) qd (every day). Recheck K+ in 30 days."</p> <p>b. A laboratory result form dated 9/14/07 documented, "Abnormal Summary: Potassium-3.4, Normal lab value range (3.6-5.1). A note on the bottom of the result documented, "Faxed 10/17/07."</p>	F 505		

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F 505	Continued From page 48 7. Resident # 24 had diagnoses of Congestive Heart Failure. The Annual MDS dated 10/12/07 documented the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 6/25/07 documented, "Digoxin level Q 3 months." b. A Laboratory report dated 9/12/07 documented, "Digoxin Level 0.9, Normal lab value range (0.9 - 1.5) faxed 10/17/07." 8. Resident #25 had diagnoses of Pyelonephritis and Hyperpotassemia. The Annual MDS dated 10/29/07 documented that the resident had severely impaired cognitive skills for daily decision making. a. A Physician order dated 8/25/07 documented, "PT/INR Q MO ." b. A Laboratory result form dated 9/5/07 documented, "Prothrombin Time-20.07 seconds, Normal lab value range (9.45-13.0), INR-1.58, Normal lab value range (2.00-3.00)." 9/26/07 laboratory result form documented, PT-24.14, normal value range (9.45-13.0). The laboratory result form documented, "Faxed 10/17/07. " 9. Resident #26 had a diagnosis of Urinary Tract Infection. The Quarterly MDS dated 7/10/07 documented that the resident had modified independent cognitive skills for daily decision making. a. A Physician Order dated 9/25/07 documented, " UA with C&S (urinalysis with culture and	F 505			

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F 505	Continued From page 49 sensitivity) if indicated." b. A Laboratory result form dated 9/26/07 documented, "Abnormal Summary: "Nitrites-Positive, Leukocyte Esterase-Large, WBC (white blood cells) > (greater than) 50++/HPF (high power field), Bacteria-Many. Urine Culture: Final Report/E-coli isolated. Handwritten documentation on the form, "Faxed 10/17/07, no calls in chart." 10. Resident #27 had diagnoses of Muscle Weakness, Paralysis Agitans, Cardiac Dysrhythmias, and Pernicious Anemia. a. A Physician Order dated 9/26/07 documented, "BMP Q 3 Months." b. A Laboratory result form dated 9/26/07 documented, "Abnormal Summary: Creatinine 1.4, Normal lab value range (0.6-1.1), Calcium 8.0, Normal lab values (8.9-10.3)." Note on the lab result documented, "Faxed 10/17/07." 11. Resident #28 had diagnoses of Hypoglycemia, Atrial Fibrillation, Renal failure, Diabetes Mellitus and Hyperpotassemia. The quarterly MDS dated 9/06/07 documented the resident had modified independent cognitive skills for daily decision making. a. A Physician's order dated 9/16/07 documented, "CBC." b. A Laboratory result dated 9/19/07 documented, "Abnormal Summary: Hematocrit-34.2, Normal lab value range (35-46), Platelet Count-166, Normal lab value range (173-402)." Note on lab report documented,	F 505			

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F 505	Continued From page 50 "Faxed 10/17/07." 12. Resident #29 had diagnoses of Convulsions, and Late-Effects Hemiplegia. The quarterly MDS dated 8/09/07 documented that the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 5/24/07 documented, "Depakote Level Q 3 months." b. A Laboratory report form dated 9/24/07 documented, "Abnormal Summary: Valproic Acid-44.3, Normal lab value range (50-100)." Note on lab report documented, "Faxed on 10/17/07. No calls in chart." 13. Resident #30 had diagnoses of Urinary Tract Infection and Hyperpotassemia. The quarterly MDS dated 10/1/07 documented that the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 6/4/07 documented, "BMP Q 3 Months." b. A laboratory report dated 9/5/07 documented, "Chloride-99 Normal (101-111), Calcium-8.5 Normal (8.5-10.3). Note on lab report documented, "Faxed 10/17/07." 14. Resident # 31 had a diagnosis of Convulsions. The quarterly MDS dated 10/01/07 documented that the resident had severely impaired cognitive skills for daily decision making. a. A Physician order dated 9/12/07 documented, "Depakote Level every 2 months (March, July, September, November, January)."	F 505			

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F 505	Continued From page 51 b. A Laboratory Report form dated 9/12/07 documented, "Abnormal Summary: Valproic Acid-38.8, Normal lab value range (50-100)." Note on lab report documented, "Faxed 10/17/07." 15. Resident #32 had diagnoses of Urinary Tract Infection, Polyarthritis, Acute Renal Failure, and Hyperpotassemia. The quarterly MDS dated 8/20/07 documented the resident had moderately impaired cognitive skills for daily decision making. a. A Physician order dated 6/26/07 documented, "CBC Q Month. UA with C&S Q Month and prn (As Needed) fever, decreased LOC [level of consciousness]." Physician Order dated 9/13/07 documented, "PT/INR Q MO." b. A Laboratory report form dated 9/14/07 documented, "PT-13.05, Normal lab value range (9.05-13.0), INR-1.03, Normal lab value range (2.00-3.00)." A note on the lab report documented, "Faxed 10/17/07, no calls in chart." 16. Resident #33 had diagnoses of Hypertension and Dementia. The quarterly MDS dated 9/17/07 documented the resident had modified independent cognitive skills for daily decision making. a. A Physician order dated 9/19/07 documented, "BMP now and then Q 6 MO." b. A Laboratory Report form dated 9/21/07 documented, "Abnormal Summary: Urea Nitrogen-45, Normal lab value range (8-26), Creatinine-1.8, Normal lab value range (0.6-1.1),	F 505			

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F 505	<p>Continued From page 52</p> <p>Calcium-8.4, Normal lab value range (8.9-10.3). Note on lab report documented, "Faxed on 10/17/07."</p> <p>17. Resident # 6 had diagnoses of Alzheimer's Disease and Muscle Weakness. The MDS dated 9/6//07 documented that the resident had severely impaired cognitive skills for daily decision making and had a feeding tube.</p> <p>a. The Physician order dated 8/23/07 documented a BMP, Dilantin level, Albumin level Q 3 mo (month).</p> <p>a. The Laboratory report form dated 8/24/07 had a Basic Metabolic Panel, Albumin, and a Dilantin level and on 9/7/07 a Basic Metabolic Panel and Pre albumin level. The lab results were not faxed to the Physicians office until 10/15/07. The lab values on the on 8/24/07 for the Basic Metabolic Panel documented in the abnormal summary: Potassium 3.1 with the normal range (3.6-5.1), Glucose 66 with the normal range (74-118), Urea Nitrogen 7 with the normal range (8-26), Creatinine 0.7 with the normal range (0.9-1.3), Calcium 7.3 with the normal range (8.9-10.3) and Osmolarity 259 with the normal range (260-280). The lab values on 9/7/07 for the Basic Metabolic Panel documented in the abnormal summary, Sodium 135 with normal range(136-146), Glucose 69 with the normal range (74-11), Creatinine 0.7 with the normal range (0.9-1.3), Calcium 8.4 with the normal range (8.9-10.3) and Osmolarity 259 with the normal range (260-280)..</p> <p>18. On 11/7/07 at 8:25 a.m., Licensed Practical Nurse (LPN) #6 was asked why the July and September 2007 labs were not forwarded to the doctor ' s office until 10/17/07. She stated there was a problem receiving the fax from the lab and</p>	F 505			

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F 505	Continued From page 53 when they checked it out, the lab was faxing to a cell number in Star City. The LPN was asked if they had gotten the lab results by phone and called the lab results to the Physician and she stated, "I don't know if anyone did or not, I'm not the only one that worked with it. " The LPN was asked where it would be documented if the labs were gotten per phone and forwarded to the doctors's office and also if panic values were called to the physicians office. She stated it would be on the chart. At 10:00 a.m., the Administrator was asked about the lab results. She stated, "They noticed that the lab results weren't being faxed to them from the lab and she called the Vice President of the lab and met with him and the number that the lab had was a cell phone number in Star City and this is where they were trying to send the labs to."	F 505			