

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

PRINTED: 02/20/2008
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 02/07/2008
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 282 SS=E	<p>Complaint #13256 was substantiated, all or in part, with F314 cited.</p> <p>483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure treatments were provided for 2 (Resident #2 and #3) and failed to ensure the physician ordered dressing was applied for 1 (Resident #2) of 4 (Resident #1, #2, #3 and #4) case mix residents who had a Physician's Order for treatments. These failed practices had the potential to affect 12 residents who had a Physician's Order for treatments according to the Director of Nursing (DON) on 2/6/08. The findings are:</p> <p>1. Resident #3 had diagnosis of Edema, Diabetes Mellitus and Congestive Heart Failure (CHF). The Quarterly Minimum Data Set (MDS) dated 12/10/07 documented the resident had modified independence in cognitive skills for daily decision making and required limited assistance with activities of daily living (ADLs).</p> <p>a. A Nurse's Note dated 10/17/07 at 9:25 p.m. documented, "...cont. (continue) to have 4 [plus] edema to BLE (Bilateral Lower Extremity). BLE elevated on pillows..."</p>	F 282		
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 282	Continued From page 1 b. A Nurse's Note dated 10/18/07 documented, "...spoke with [medical supply company] - no larger size TED (thromboembolic disease) hose available - Doctor notified... waiting orders..." c. A Physician's Telephone Order dated 10/22/07 documented, "D/C (discontinue) TED Hose. Apply Ace bandages every a.m. - monitor every shift for skin integrity - remove at HS (bedtime) both lower extremities." d. An Interdisciplinary Progress Note dated 12/10/07 documented, "...Resident has chronic edema 3 and 4+ most of the time. MD (medical doctor) is aware of this and has treated it with Lasix po (by mouth) and ace wraps daily when up, and encouragement to keep legs elevated when just sitting in room..." e. The Care Plan updated 12/11/07 documented, "...Ace wrap on every am and off at HS." f. A Nurse's Note dated 2/5/08 at 7:20 a.m. documented, "...2 [plus] edema to BLE. Ace wraps in place..." g. On 2/5/08 at 10:56 a.m., the resident was up in her wheelchair in her room. The resident's legs were not wrapped with ace bandages. The resident was asked if the nurse's wrap her legs everyday with ace bandages. She stated, "No. They hadn't been wrapped in quite a while. Not in several days. The nurses are always telling me they will come back and wrap them, but they don't" h. On 2/5/08, the February 2008 Treatment Administration Record (TAR) documented, "Ace Wraps to Bil (bilateral) lower ext. (extremity) every	F 282			

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F 282	<p>Continued From page 2</p> <p>am removed at HS-Start Date: 10/22/07." The TAR was reviewed and indicated the ace wrap had been applied one time on 2/4/08. There were no signatures to indicate the resident's legs were wrapped for 2/1/08 - 2/3/08.</p> <p>i. On 2/6/08 at 8:15 a.m., the resident was asked why she thought the nurse's were suppose to wrap her legs with ace wraps. She stated, "I guess because of fluid. They (facility) wrapped them after you talked to me yesterday."</p> <p>2. Resident #2 had a diagnosis of Diabetes Mellitus. The Medicare 14 day MDS dated 2/4/08 documented the resident was moderately impaired in cognitive skills for daily decision making, required total assistance with Activities of Daily Living (ADLs), had a pressure sore and a stasis ulcers.</p> <p>a. A Physician's Telephone Order dated 1/11/08 documented, "Polysporin applied to bilat lower extremities cover with telfa and kerlix everyday until healed."</p> <p>b. The February 2008 TAR documented, "Polysporin applied to bilateral lower extremities cover with telfa and kerlix everyday until healed start date: 1/28/08."</p> <p>c. On 2/5/08 at 1:20 p.m., there was no documentation on the February 2008 TAR that the treatment had been completed on 2/3/08 or 2/4/08.</p> <p>d. A Care Plan updated on 2/4/08 documented, "Resident is at risk for loss of limbs d/t (due to) she has gangrene to both lower extremities. D/T poor blood flow. Has to open area and</p>	F 282			

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F 282	Continued From page 3 unstageable black areas - ...polysporin to open areas covered with telfa dressing and wrapped with Kerlix daily and prn (as needed)." e. On 2/5/08 at 2:00 p.m., an observation of the resident's dressing change to her bilateral lower extremities was conducted. Licensed Practical Nurse (LPN) #1 removed from the resident's legs kerlix and a non-bordered foam dressing 4x4 pad. The physician's order called for telfa, not a foam dressing.	F 282			
F 314 SS=D	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: Complaint #13256 was substantiated, all or in part, in these findings. Based on observation, record review and interview, the facility failed to ensure treatment orders were followed and a treatment that was observed was performed in a manner to prevent potential cross contamination for 1 (Resident #4) of 2 (Residents #1 and #4) case mix residents who had pressure sores. This failed practice had the potential to affect 5 residents who had pressure sores according to the Director of Nursing (DON) on 2/6/08. The findings are:	F 314			

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F 314	Continued From page 4 Resident #4 had diagnoses of Peripheral Vascular Disease and Alzheimer's Disease. The Quarterly Minimum Data Set (MDS) dated 1/15/08 documented the resident was severely impaired in cognitive skills for daily decision making, incontinent of bowel and bladder and had no pressure ulcers. a. A Care Plan dated 1/22/08 documented, "At risk for skin impairment due to impaired bed mobility, incontinence of bowel/bladder, use of adult briefs." The Approach section documented, "Treatment as ordered." b. A Physician's Order dated 1/21/08 documented, "Apply transparent dressing to coccyx with collagen qod (every other day) and prn (as needed) until healed." c. On 2/5/08 at 10:37 a.m., the Treatment Nurse was asked if the resident had any skin problems. The Treatment Nurse stated the resident did have a Stage 2 to the coccyx area that was currently received treatment. The resident was observed in bed on her left side. A Stage 2 pressure sore (nickel sized) was observed on the coccyx area. The wound bed was observed to be pink with no odor and no drainage. There was no dressing on the wound. The Treatment Nurse was asked if she had done treatments yesterday or today. She stated the floor nurses had been doing the treatments due to her being pulled to other duties. d. On 2/5/08 at 12:16 p.m., Licensed Practical Nurse (LPN) #1, the floor nurse on the resident's hall, was asked if she had performed a treatment for the resident yesterday or today. The LPN stated, "She doesn't have one on days that I'm	F 314			

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F 314	Continued From page 5 aware of." e. As of 2/5/08 at 1:20 p.m., there were no initials on the February 2008 Treatment Record to indicate the treatment had been performed. f. On 2/6/08 at 2:30 p.m., the Treatment Nurse provided a treatment to the resident's coccyx area. The nurse sprayed a 4x4 with Saf Clens and, starting on the skin above the wound, made a swipe across the wound with the 4x4. The Treatment Nurse used the same technique 3 times before completing the treatment. g. On 2/6/08 at 2:45 p.m., the Treatment Nurse was asked to explain the cleansing technique that was used during the treatment. She stated, "I took a 4x4 and swiped it across. The Treatment Nurse was asked if she had ever been instructed to start at the center of the wound and go outward. She stated, "Yes, that's right. That's to keep from wiping the microbes into the wound and causing an infection."	F 314			