

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

PRINTED: 02/27/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2007
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NAME OF PROVIDER OR SUPPLIER OUACHITA NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1411 COUNTRY CLUB ROAD CAMDEN, AR 71701
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F 000 F 167 SS=C	<p>INITIAL COMMENTS</p> <p>Complaint #12297 was unsubstantiated.</p> <p>483.10(g)(1) EXAMINATION OF SURVEY RESULTS</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that the results of the most recent survey results were located in a place that was readily accessible for examination by the residents. This failed practice had the potential to affect 113 residents in the facility's according to the Resident Census and Conditions of Residents form dated 1/31/07. The findings are:</p> <p>1. On 2/2/07 at 8:40 a.m., the results of the most recent results were not available for review.</p> <p>a. On 2/2/07 at 8:56 a.m., the Administrator was asked, where are the results of the facility's most recent survey results? The Administrator stated that the survey results were out of the facility in another building.</p> <p>b. On 2/5/07 at 11:11 a.m., during the group</p>	F 000 F 167		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 167	Continued From page 1 interview with 8 of 8 alert and oriented residents, the residents were asked, do you know that you can examine copies of the most recent survey results? The residents stated "no". The residents further stated that they did not know where the survey results were kept in the facility.	F 167			
F 312 SS=D	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 the facility failed to ensure that personal care was provided for 2 (Resident #1 and #4) of 19 casemix residents (#1-#17 #21 #22) who were dependent on staff assistance for personal care. This failed practice had the potential to affect 108 residents in the facility who required assistance with personal care according to the Roster Sample Matrix provided by the Director of Nursing at 3:40 p.m. on 2/8/06. The findings are: 1. Resident #1 had diagnoses of Chronic Kidney Disease, Mental Disorder, and Severe Dementia. The Minimum Data Set [MDS] dated 1/30/07 documented the residents gender was female, had severely impaired in cognitive skills for daily decision making, required total assistance for personal care and hygiene with one person to physical assist. a. The plan of care dated 1/2/07 page 2 documented ADL [activities of daily living]	F 312			

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F 312	Continued From page 2 Functioning: Res [resident] is total care pt. [patient] Staff to perform all daily ADL's. b. On 2/5/07 at 2:05 p.m. the resident was observed with a moderate amount of facial hair on the chin and on both lower sides of face. c. On 2/6/07 at 8:10 a.m. and 11:50 a.m. the resident was observed with a moderate amount of facial hair on the chin and on both lower sides of face. 2. Resident #4 had diagnoses of Alzheimer Disease, Osteoporosis and Paralysis Agitans and a History of Urinary Tract Infection. The Minimum Data Set [MDS] dated 2/5/07 documented the resident had severely impaired in cognitive skills for daily decision making, required total assistance for toileting and was incontinent of bowel and bladder. a. The Plan of care updated 12/21/06 page 2 documented, "Provide personal hygiene daily and prn [as needed]: wash/dry face, shave prn, comb hair, pericare, oral hygiene past meals." b. On 2/6/07 at 8:08 a.m. the resident was in bed asleep, both eyes were matted with a dried mucus like film with more covering the left eye. At 8:26 a.m. and 10:55 a.m. the resident's eyes were still matted with dried crusty mucous with more matted on the left eye. c. On 2/7/07 at 8:00 a.m., the resident was eating breakfast being fed by a staff personal The resident did not open her eyes while she was being feed, both eyes were still matted.	F 312			
F 315	483.25(d) URINARY INCONTINENCE	F 315			

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F 315 SS=D	Continued From page 3 Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to ensure that incontinent care was provided in a manner to prevent the potential for urinary tract infection for 1 (Resident #4) of 20 casemix residents (#1-#17 #21-#22 #24) who required assistance with incontinent care. This failed practice had the potential to affect 109 residents in the facility who required assistance with incontinent care according to the Roster Sample Matrix given provided by the Director of Nursing at 3:40 p.m. on 2/8/06. The findings are: 1. Resident #4 had diagnoses of Alzheimer Disease, Osteoporosis, Paralysis Agitans and History of Urinary Tract Infection. The Minimum Data Set [MDS] dated 2/5/07 documented the resident had severely impaired cognitive skills for daily decision making, required total assistance for toileting and was incontinent of bowel and bladder. a. A urinalysis report dated 10/27/06 documented, "Positive Nitrite 3+ Leukocytes. Cipro 500 milligrams [mg] PGT (per gastrostomy	F 315			

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F 315	Continued From page 4 tube) BID (twice daily) x (for) 10 days, started 10/27/06". b. A urinalysis report dated 11/28/06 documented, "Positive Nitrite 3+ Leukocytes. Rocephin 1 Gm [gram] IM [Intramuscular] x 5 days. Cipro 500 mg BID x 10 days". c. On 2/6/06 at 8:08 a.m., the resident was receiving incontinent care given by Certified Nursing Assistant [CNA] #2. The resident was washed down both groin areas with a disposable wipe with upward strokes from back to front, the labia was not separated and washed. d. The Incontinent Care Policy given by the Director of Nursing on 2/9/07 did not address the procedure for performing perineal care. The CNA trainer brought in literature that is used in the CNA training class entitled "Promoting Personal Hygiene": The document documented: 1. Gather all equipment before you begin. 2. Wash your hands, and put on gloves. 3. Explain what you are going to do, and provide privacy. 4. Place the bed protector under the resident's buttocks, and cover the resident with a bath blanket. 5. Apply soap to a washcloth. With a mitted washcloth, separate the labia (female) with one hand and cleanse the area with downward strokes. Wipe from front to back, changing location on the washcloth with each wipe.	F 315			
F 328	483.25(k) SPECIAL NEEDS	F 328			

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F 328 SS=D	Continued From page 5 The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to ensure that tubing for oxygen administration was stored properly to prevent the potential for cross contamination and administered by Licensed personnel for 1 (Resident #12) of 1 casemix resident (#12) who required oxygen therapy. This failed practice had the potential to affect 9 residents in the facility who required oxygen therapy according to the List provided by the Director of Nursing dated 2/8/07. The findings are: 1. Resident #12 had diagnoses of Congestive Heart Failure, Anemia and Syncope. The Minimum Data Set [MDS] dated 12/1/06 documented the resident had moderately impaired cognitive skills for daily decision making and required oxygen therapy. a. On 2/6/07 at 8:40 a.m. the oxygen concentrator was sitting in the resident's room with the on/off switch in the off position. The oxygen tubing with nasal cannula attached was	F 328			

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F 328	<p>Continued From page 6</p> <p>draped over the top of the oxygen concentrator with the nasal cannula end lying uncovered on the floor behind the concentrator.</p> <p>b. At 3:05 p.m., the resident was observed being assisted back to bed by Certified Nursing Assistant [CNA] #2. The CNA asked the resident if he needed the oxygen and the resident stated yes. The CNA removed the uncovered oxygen tubing from across the oxygen concentrator and placed the nasal prongs in the resident's nostrils. The CNA turned the switch to the "ON" position on the concentrator, the flow meter was not adjusted, the ball in the flowmeter chamber showed that the flow rate was at the 1/2 liter mark.</p> <p>2. The Oxygen Administration Policy given by the Director of Nursing on 2/9/07 documented in procedure: ...</p> <p>9. Turn the unit on to the desired flow rate and assess equipment for proper functioning.</p> <p>10. Place the oxygen delivery device on the resident adjusting it to achieve resident comfort.</p> <p>Nasal Cannula:</p> <p>Place oxygen outlet tips in nostrils.</p> <p>Adjust head strap or alternative chin strap for comfort, making sure cannula is secure.</p> <p>11. Reassess oxygen flowmeter for correct liter flow.</p> <p>3. On 2/9/07 at 12:35 p.m., the Director of Nursing was asked who was responsible for</p>	F 328			

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F 328	Continued From page 7	F 328			
F 332 SS=E	<p>administering oxygen to the residents and she stated, "The Nurses, licensed personnel".</p> <p>483.25(m)(1) MEDICATION ERRORS</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation of the 8 a.m. medication pass on 2/6/07, the facility failed to follow physician orders to ensure that the medication error rate was less than 5%. Physician's orders were not followed on 3 (Resident #16 #17 and #18) of 7 resident's observed during the medication pass (es). Medication error were made by 2 Licensed Practical Nurse [LPN #1, LPN #2] of 4 nurses that administrated medication according to Registered Nurse [RN] #1. This failed practice had the potential to affect 48 residents receiving medication from (these) nurse (s). The medication error rate was 10.53% based on administration of 53 medications plus 4 medications ordered but not administered and observation of a total of 6 errors.</p> <p>The findings are:</p> <ol style="list-style-type: none"> 1. Resident #16 had a physician's order dated 12/28/06 for Miralax to administer 17 gm. [gram] daily but not administered on 2/6/07 at 7:22 a.m. by LPN #1. 2. Resident #16 had a physician's order dated 12/1/06 for Lisinopril HCT 10/12.5 every morning but not administered on 2/6/07 at 7:22 a.m. by LPN #1. 	F 332			

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F 332	Continued From page 8 3. Resident #16 had a physician's order dated 12/1/06 for Calcium 1000 mg. [milligrams] everyday but 2 Calcium 500 mg plus Vitamin D administered at 7:22 a.m., on 2/6/07 by LPN #1. 4. Resident #17 had physician's orders dated 11/27/06 for a Spiriva inhaler and an Advair 250/50 inhaler to use one puff of each, the puffs were administered only 4 seconds apart on 2/6/07 at 8:20 a.m., by LPN #1. 5. Federal guidelines require at least 1 minute between puffs of an inhaler whether the same or different inhalers. 6. Resident #18 had a physician's order dated 8/3/06 for Claritin 10 mg everyday but not administered on 2/6/07 at 8:40 a.m. by LPN #2. 7. Resident #18 had a physician's order dated 8/3/06 for Senokot 8.6 mg twice a day but not administered on 2/6/07 at 8:40 a.m. by LPN #2.	F 332			
F 371 SS=C	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based observation the facility failed to ensure that floors in the kitchen were free of missing floor tiles and were free of gaps and holes, that metal door frames were free of rust and corrosiveness. This failed practice had the potential to affect ___any resident in the facility who receive food	F 371			

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F 371	Continued From page 9 from the kitchen according to _____. The findings are: Need universe..source and date obtained. 1. On 1/31/07 at 4:02 p.m., it was noted that the metal door frame next to the bulletin board in the kitchen was rusty and corroded in the lower section of the door frame next to the floor. The floor under the bulletin board was worn and had 3 holes in it least 3 inches wide and 2 inches long. 2. On 2/6/07 at 10:43 a.m., it was noted that floor tiles under the dishwashing machine were missing in the area around the drain pipe next to the floor in the dishwashing room.	F 371			