

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

PRINTED: 06/12/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045239</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MONTICELLO HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1052 OLD WARREN ROAD</b> <b>MONTICELLO, AR 71655</b>	
(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 328 SS=D	<p>Complaint #13559, substantiated (all or in part) with a deficiency cited at F328.</p> <p>483.25(k) SPECIAL NEEDS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13559, substantiated (all or in part) in these findings:</p> <p>Based on observation, record review and interview, the facility failed to ensure diabetic foot assessments and/or proper preventative/diabetic foot and nail care were provided by nursing staff to avoid foot problems for 1 (Resident #1) of 2 case mix residents (Resident #1 and #3) who had a diagnosis of Diabetes Mellitus. This failed practice had the potential to affect 19 residents with a diagnosis of Diabetes Mellitus as documented on a list provided by the DON (Director of Nurses) on 6/5/08. The findings are:</p> <p>1. Resident #1 had diagnoses of Diabetes Mellitus, Alzheimers Dementia and Cerebrovascular Accident. The Admission MDS (Minimum Data Set) dated 5/23/03 documented</p>	F 328		

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 328	<p>Continued From page 1</p> <p>the resident was moderately impaired in cognitive skills for daily decision making, required extensive assistance of one person for personal hygiene, had Diabetes Mellitus and nails/calluses trimmed in the last 90 days.</p> <p>a. A Plan of Care dated 5/19/08 documented, "...nail care weekly and prn (as needed) at bath time per one person assist..." to be completed by CNA (Certified Nursing Assistant) The plan of care did not document diabetic foot care and who was responsible.</p> <p>b. On 6/4/08 at 2:45 p.m., the Treatment Nurse removed the resident's socks and flakes of dry skin flew up in the air and landed on the bedspread. The treatment nurse brushed the flakes of dried skin off of the bedspread. Dry flaky skin was on the resident's heels. The toenails were long and extended over the ends of the toes approximately 0.5 cm (centimeters). The treatment nurse stated, "I meant to cut those yesterday and I forgot."</p> <p>c. A Daily Skilled Nurses Note dated 5/15/08 and 5/21/08 documented, "Diabetic observation" with a check mark.</p> <p>1) On 6/5/08 at 12:58 p.m., LPN (Licensed Practical Nurse) #1 was asked what does "diabetic observation" mean on the form and the LPN stated, "hyper/hypoglycemia, confusion, diaphoresis, increased thirst, increased urination and fruity smelling breath."</p> <p>2) On 6/5/08 at 1:05 p.m., LPN #2 was asked what does "diabetic observation" mean on the form and the LPN stated, "Symptoms of hyper/hypoglycemia, sweating, increased hunger,</p>	F 328			

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F 328	Continued From page 2 shaking."  3) On 6/5/08 at 1:15 p.m., LPN #3 was asked what does "diabetic observation" mean on the form and the LPN stated, "Monitoring for hyper/hypoglycemia, accuchecks are good, right insulin, the right diet, look at their feet and make sure they don't have any sore places, like that."  d. On 6/5/08, the CNA (Certified Nursing Assistant) ADL (Activity of Daily Living) book was reviewed and ADL sheets for the residents were located inside the book, but there was no ADL sheet for Resident #1.  e. On 6/5/08 at 1:28 p.m., CNA #2 was asked who the diabetics were on the 300 hall, where Resident #1 lived. The CNA stated, "[Resident #3] and [two non case mix resident names]. I don't know exactly how many are diabetic." When asked how do you know who was a diabetic, CNA # 2 stated, "It's on the meal card." When asked what if a resident was new, CNA #2 stated, "The nurse lets us know." When asked who performed foot care on diabetics, CNA #2 stated, "Nurses."  f. On 6/5/08 at 1:32 p.m., when asked who the diabetic residents were on 300 hall, CNA # 3 stated, "I'm not sure about everybody, most of my residents are new." When asked how do you know who was a diabetic, CNA #3 stated, "Ask charge nurse." When asked who performed nail and foot care, CNA #3 stated, "I suppose the nurses are supposed to do it. I guess we could. No, I would be afraid I would nick their toe. No, I would get a nurse to do it."  2. On 6/5/08 at 12:15 p.m., the DON was asked	F 328			

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F 328	<p>Continued From page 3</p> <p>which residents needed to see a Podiatrist and the DON stated, "toenails that we, as nurses, are not comfortable cutting or if the doctor feels the resident needs to see a Podiatrist. Gangrene and hammer toes goes out to the Podiatrist."</p> <p>3. On 6/5/08 at 1:10 p.m., the Unit Manager was asked how CNA's know what care to provide to each resident and the Unit Manager stated, "We print off a sheet of ADL's for each resident for the CNA's." The Unit Manager was asked where the ADL sheets were kept and the Unit Manager stated, "In the CNA's ADL book.</p> <p>4. On 6/5/08 at 1:15 p.m., the MDS Coordinator stated, "I do not print out diabetics on the CNA ADL sheets. I never thought about putting it on the sheet. The charge nurse tells the CNA's verbally which residents are diabetic and they also get told what to report to the nurse on nail care. Licensed nurses do all nail care on diabetic residents."</p> <p>5. On 6/5/08 at 1:25 p.m., CNA #1 was asked who the diabetics were on 400 hall. The CNA stated four non case mix resident names. CNA #1 was asked, "How do you know who is a diabetic?" CNA #1 stated, "by reading meal cards." When asked what if a resident was new, CNA #1 stated, "Nurse will tell us." When asked, who performed nail care on diabetic residents, CNA #1 stated, "Nurses."</p> <p>6. A document titled "Nursing Care of the Adult Diabetes Mellitus Resident" provided by the DON on 6/5/08 at 2:58 p.m. documented, "...assessment of the feet should include the following: hygiene, temperature, color, circulation, abrasions, sores, corns or calluses and the</p>	F 328			

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F 328	Continued From page 4 condition of the toes and toenails. Lotion should be applied to dry skin as needed, unless contraindicated. Toenails should only be trimmed by personnel qualified according to facility policy..."	F 328			