

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

PRINTED: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

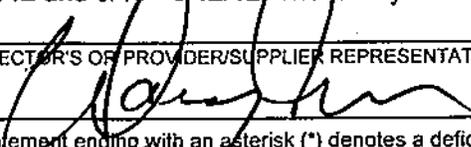
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2012
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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(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
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F 309 SS=E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</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 medical record review and interview, it was determined the facility failed to provide interventions for no bowel movement (BM) for 4 of 12 (Residents #4, 5, 6 and 11) sampled residents.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #4 documented an admission date of 1/15/09 with diagnoses of Cerebrovascular Accident, Anxiety, Osteoporosis, Depressive Disorder and Esophageal Reflux. Review of the care plan dated 12/21/11 and updated 3/22/12 documented, "...Record BM q [every] shift. Notify CN [charge nurse] of abnormal characteristics and/or no BM in 3 days. Nsg [nursing] to evaluate, intervene if indicated..." Review of the "CNA [certified nursing assistant] Information Signature Sheet" dated December 2011, January, February and March 2012 had no BM documented on the following dates: 12/5 through (-) 12/8/11; 12/13 - 12/16/11; 1/19 - 1/21/12; 1/31 - 2/2/12; 2/16 - 2/19/12; 2/24 - 2/26/12; 3/3 - 3/6/12 and 3/10 - 3/12/12. The facility was unable</p>	F 309	<p>F 309</p> <p>4/26/12</p> <p>The Facility will provide interventions for Residents that go three days without bowel movement.</p> <p>Residents # 4,5, 6, and 11 were given a laxative and MD was notified.</p> <p>Audit performed to determine any other Residents affected and MD notified of findings.</p> <p>Nursing staff re-educated that all Residents must have a bowel movement q 3 days or receive interventions. CNAs will record bowel movements for each Residents q shift. Nurses will sign off bowel movement record every shift and notify MD if no bowel movement has occurred for three days or provide Resident with a as needed medication for constipation per MD order.</p> <p>DON or designee will monitor bowel movement record every Monday and Friday for two months, then weekly times one month and then monthly times two months. Findings will be reported to QA monthly.</p>	4/26/12
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APR 13 2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin. Straker	(X6) DATE 4/12/12
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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.

This same POC was faxed 4/11/12

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F 309	<p>Continued From page 1</p> <p>to provide documentation that a laxative was given after three days with no BM.</p> <p>2. Medical record review for Resident #5 documented an admission date of 5/5/11 with diagnoses of Dementia, Diabetes Mellitus, Hypertension and Osteoarthritis. Review of the physician's orders dated 3/1/12 documented, "...Order Date 5/05/11... BISOCOLAX 10 MG [milligram] SUPPOSITORY PR [per rectum] PRN [as needed] CONSTIPATION..." Review of the care plan dated 2/28/12 documented, "...Record BM q [every] shift. Notify Nsg. of... no BM. Nsg to evaluate resident, intervene if indicated per MD [medical doctor] orders i.e. [example] biscolax, monitor for results, and notify MD prn..." Review of the "CNA Information Signature Sheet" dated December 2011, January and February 2012 had no BM documented on the following dates: 12/8 - 12/10/12; 12/17 - 12/21/12; 1/17 - 1/20/12; 1/21 - 1/27/12; 1/29 - 1/31/12; 2/6 - 2/8/12; 2/10 - 2/12/12 and 2/14 - 2/17/12. The facility was unable to provide documentation that a laxative was given after three days with no BM.</p> <p>3. Medical record review for Resident #6 documented an admission date of 01/03/2012 with diagnoses of Gastroenteritis, Acute Renal Failure, Cardio Pulmonary Disease, Congestive Heart Disease, Diabetes Mellitus, Hypertension, Depression, Alzheimer's, Coronary Artery Disease, Meningioma, Gout, Hypothyroidism, Gastroesophageal Reflux Disease, Peripheral Neuropathy and Osteoarthritis. Review of the "CNA Information Signature Sheet" dated March 2012 documented no BM on the following dates: 3/4 - 3/6/12; 3/9 - 3/11/12 and 3/13 - 3/15/12. The facility was unable to provide documentation that</p>	F 309		
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F 309	Continued From page 2 a laxative was given after three days with no BM. During an interview at the nurses' station on 3/27/12 at 11:10 AM, the Director of Nursing (DON) confirmed after 3 days without a BM the nurses were to call the doctor for an order for a laxative. The DON was asked if any medications were given. The DON stated, "No, I didn't see anything." 4. Medical record review for Resident #11 documented an admission date of 5/21/11 with diagnoses of Cerebrovascular Accident, Aphasia, Hypertension, Depressive Disorder and Diabetes Mellitus. Review of the "CNA Information Signature Sheet" dated December 2011 and February 2012 had no BM documented on the following dates: 12/17 - 12/19/12; 12/21 - 12/24/12; 2/5 - 2/8/12 and 2/23 - 2/27/12. The facility was unable to provide documentation that a laxative was given after three days with no BM. 5. During an interview at the nurses' station on 3/27/12 at 8:35 AM, the DON was asked when a laxative should be given for no BM. The DON stated, "...after 3 days..." The DON was asked if the nurse should have noted the times of no BM and given a laxative. The DON stated, "Yes."	F 309		
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by:	F 327	The Facility will follow MD orders regarding hydration. CNA # 4 was re-educated to look at dietary card on tray prior to setup to ensure proper diet/fluids were given. Residents who require extra fluids have the potential to be affected by alleged deficient practice.	4/26/12

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F 327	<p>Continued From page 3</p> <p>Based on medical record review, observation and interview, it was determined the facility failed to follow physician's orders for hydration for 1 of 12 (Resident #10) sampled residents.</p> <p>The findings included:</p> <p>Medical record review for Resident #10 documented an admission date of 2/20/12 with diagnoses of Alzheimer's Dementia, Anxiety, Depression, Pancreatitis, Gastroesophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease and Urinary Tract Infection. Review of the physician's telephone order dated 3/25/12 documented, "...Dietary to serve 8 oz [ounces] H2O [water] c [with] q [every] meal extra..."</p> <p>Observations in Resident #10's room on 3/27/12 at 11:35 AM, revealed Resident #10 being fed lunch by Certified Nursing Assistant (CNA) #4 with no water on the tray.</p> <p>During an interview in Resident #10's room on 3/27/12 at 11:35 AM, CNA #4 was asked to look at the diet sheet on the tray to verify that the 8 ounces of water was documented. CNA #4 stated, "...yes, they didn't send the 8 ounces of water did they..."</p> <p>During an interview at the nurses' station on 3/27/12 at 2:00 PM, the Director of Nursing (DON) was asked why the water was not provided as ordered. The DON stated, "...I failed to put it on the care sheet..."</p>	F 327	<p>Dietary staff and Nursing staff inserviced regarding tray card accuracy.</p> <p>DM or designee will monitor Resident's tray card for accuracy one meal per day x 5 days. Then one meal weekly x 1 month, quarterly x 6 months. Findings will be reported to QA monthly.</p>	
F 371 SS=D	483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		

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F 371	<p>Continued From page 4</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on policy review, observation and interview, it was determined the facility failed to ensure food was stored under sanitary conditions as evidenced by opened containers of refrigerated foods which were both outdated and/or undated on 1 of 2 (3/26/12) days surveyed.</p> <p>The findings included:</p> <p>Review of the facility's "Food Storage" policy and procedure documented, "...All foods stored in refrigerators and freezers that have been opened, will be covered and labeled with the date and name of food if appropriate, and will be discarded within the appropriate time frame... All leftover foods are to be stored in covered containers, dated, & [and] labeled... All condiments that have been opened should be refrigerated and discarded after 30 days..."</p> <p>Observations in the kitchen on 3/26/12 beginning at 6:30 AM, revealed the following items in Refrigerator #1:</p> <p>a. 1 opened 16 ounces (oz.) container of ranch</p>	F 371	<p>The Facility will ensure that food will be stored under sanitary conditions.</p> <p>DSM made QA round in kitchen to ensure all food label and dated properly.</p> <p>Dietary staff was inserviced on how to store food properly and labeling of food. All open foods will be stored properly and labeled with date and name of food when appropriate & discarded in appropriate time frame.</p> <p>DM will monitor food storage daily x 2 weeks, then 2 times a week x 1 month, then monthly and report findings to QA monthly.</p>	4/26/12

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F 371	Continued From page 5 dip dated 1/24/12. b. 1 opened 16 oz. container of French onion dip dated 1/24/12. c. 2 opened 5 pound (lb.) containers of pimento cheese, each undated. d. 1 opened 5 lb. container of ricotta cheese dated 2/13/12. e. 1 opened 1 gallon jar of olives, containing approximately 1 pint of olives and liquid, undated. A printed label on the olive jar documented, "...Christmas party..." Observations in the kitchen on 3/26/12 beginning at 1:20 PM, revealed the following items in Refrigerator #1: a. 2 opened 5 lb. containers of pimento cheese, each undated. b. 1 opened 5 lb. container of ricotta cheese dated 2/13/12. c. 1 opened 1 gallon jar of olives, containing approximately 1 pint of olives and liquid, undated. A printed label on the olive jar documented, "...Christmas party..." During an interview in the kitchen on 3/26/12 at 1:30 PM, the Dietary Manager (DM) was asked how long opened food could be stored before discarding it. The DM replied, "...3 days..." The DM was asked about the undated pimento cheese and olives. The DM stated, "...we opened the pimento cheese on 3/23/12 and should have dated it... we opened the olives last weekend and should have dated it..." The DM was asked about the containers of ranch and French onion dip. The DM stated, "...they are disposed of..."	F 371		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		

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F 441	<p>Continued From page 6</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 441	<p>The Facility will maintain infection control program.</p> <p>DON re-educated all Nurses to use Gluco Chlor wipes to disinfect glucometers. DON re-educated all Nursing Staff on proper hand washing procedure.</p> <p>All Residents have the potential to be at risk for alleged practice.</p> <p>Nurses inserviced to clean glucometers before and after each use with an approved cleaning cloth per manufacture recommendations. Nursing staff inserviced on proper hand washing during med pass and meal time.</p> <p>All staff were required to demonstrate proper hand washing</p> <p>DON or Designee will monitor proper infection control procedures when cleaning the glucometer and hand washing one shift per day for one week, then weekly on one shift for one monthly, then monthly on each shift times two months and then quarterly during the Facility Pharmacist routine med pass evaluations for six months. Finding will be reported to QA monthly until complete. Hand washing procedures during meal pass will be monitored weekly x 4 weeks, then monthly x 4 and then quarterly. Finding will be reported to QA.</p>	4/26/12
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F 441	<p>Continued From page 7</p> <p>by: Based on policy review, review of manufacturer's guidelines, observation and interview, it was determined the facility failed to ensure a practice to prevent the spread of infection was followed when 3 of 6 nurses (Nurses #1, 2 and 4) observed administering medications failed to clean the glucometer with the required disinfectant or failed to wash their hands before or after handling medications and 3 of 9 staff members serving meals Certified Nursing Assistant (CNAs #1, 2 and 3) failed to wash their hands.</p> <p>The findings included:</p> <p>1. Review of the facility's "Caring for the EvenCare G2 Meter [glucometer] Cleaning and Disinfecting" policy documented, "...Both cleaning AND disinfection should be done when meters are shared... Disinfection guidelines: To disinfect your meter, clean the monitor first, and then wipe it down with a damp cloth using a 10 percent bleach solution...."</p> <p>Review of a manufacturer's guideline for the Micro-Kill Germicidal Wipe used to clean the glucometer did not document that bleach was present in the wipe.</p> <p>a. Observations outside Resident #6's room on 3/26/12 at 7:15 AM, Nurse #1 cleaned the glucometer with a Micro-Kill wipe instead of a cloth with a 10 percent bleach solution.</p> <p>b. Observations outside Resident #2's room on 3/26/12 at 4:42 PM and 4:48 PM, Nurse #4 cleaned the glucometer with a Micro-Kill wipe</p>	F 441		
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F 441	<p>Continued From page 8 instead of a cloth with a 10 percent bleach solution.</p> <p>During interview in the Director of Nursing's (DON) office on 3/27/12 at 2:35 PM, the DON stated that the G2 meters are new and that they should be cleaned with a bleach solution.</p> <p>2. Review of the facility's "Handwashing" policy documented, "...Procedure... 2. Appropriate ten (10) to fifteen (15) second hand washing must be performed under the following conditions... d. Before preparing or handling medications... f. Before touching, preparing, or serving food... o. After handling items potentially contaminated... 4. The use of gloves does not replace hand washing..."</p> <p>a. During the dining observation in room 307A on 3/26/12 at 7:52 AM, CNA #1 set up the meal tray, turned off the light, returned to the meal tray cart, delivered and set up the meal tray in room 303 without performing hand hygiene.</p> <p>b. During the dining observation in room 307B on 3/26/12 at 7:52 AM, CNA #2 set the meal tray on the overbed table, cranked the bed, repositioned the resident, cranked the bed and set up the meal tray without performing hand hygiene.</p> <p>c. During the dining observation in room 309 on 3/26/12 at 8:07 AM, CNA #3 set the meal tray on the overbed table, moved a chair, set up the meal tray and began to feed the resident without performing hand hygiene.</p> <p>d. Observations in Resident #9's room on 3/27/12 at 8:33 AM revealed Nurse #2 donned gloves,</p>	F 441		
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F 441	Continued From page 9 lowered the head of the bed with a manual crank, moved the oxygen bi-nasal cannula from the resident's nose to the top of the resident's head, administered 1 spray of Saline Nasal Spray to each nostril, administered the 5 medications by mouth individually from the cup, handed the resident the 8 ounces of Miralax, and checked a radial pulse without removing the gloves or washing her hands. Nurse #2 removed her gloves, washed her hands, donned another pair of gloves, administered 1 spray of Nasonex Nasal Spray to each nostril, loosened the oxygen nasal cannula to better fit the resident, and administered the remaining Miralax without removing her gloves or washing her hands.	F 441		
F 502 SS=D	483.75(j)(1) ADMINISTRATION 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 medical record review and interview, it was determined the facility failed to ensure laboratory (lab) services were obtained as ordered by the physician for 1 of 12 (Resident #7) sampled residents. The findings included: Medical record review for Resident #7 documented an admission date of 7/30/11 and a readmission date of 1/31/12 with a diagnoses of Debility, Abnormal posture, Abnormality Of Gait, Symbolic Dysfunction, Alzheimer's Disease,	F 502	The Facility will ensure laboratory services are obtained as ordered per the physician. Labs for Resident # 7 were done on 2/29/2012 after chart audit, MD was notified no adverse reaction noted to lab not being drawn on 1/31/2012. Audit performed of lab orders and MD notified of findings. Nurses inserviced as to checking MD orders and carrying out all labs as prescribed by the MD efficiently and correctly. 10P-6A Nurses will check all orders written for the previous 24 hours and ensure all orders were properly carried out. DON or Designee to audit all labs weekly x 4 weeks, then monthly.(Regional Nurse to audit quarterly also). Will report to QA monthly x 2 and then quarterly.	4/26/12

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/27/2012
NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343		
(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 502	Continued From page 10 Hypertension, Insomnia, Malaise and Fatigue. Review of the physician's orders dated 1/31/12 documented, "...Request Hepatitis panel and Fasting Lipid panel in AM fax report to [name of physician]..." The facility was unable to provide documentation that a Hepatitis panel and Fasting Lipid Panel was obtained as ordered. During an interview in the conference room on 3/26/12 at 1:00 PM, the Director of Nursing (DON) stated, "...after a chart audit was done it was found the labs had not been done as ordered and then were drawn on 2/29/12..."	F 502			
F 504 SS=D	483.75(j)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN The facility must provide or obtain laboratory services only when ordered by the attending physician. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined laboratory services were obtained without a physician's order for 1 of 12 (Resident #3) sampled residents. The findings included: Medical record review for Resident #3 documented an admission date of 4/07/11 and a readmission date of 10/20/11 with diagnoses of Hypertension, Diabetes, Acute Kidney Failure, Tubular Necrosis, Congestive Heart Failure, Muscle Disuse Atrophy and Hypothyroidism. Review of the laboratory results for Resident #3 documented an iron panel obtained on 3/1/12 and	F 504	The Facility will obtain laboratory services with MD orders. MD notified that Resident #3 had lab obtain prior to obtaining MD order, order obtained no adverse reaction noted. Audit performed of lab orders and MD notified of findings Nurses inserviced as to checking MD orders and carrying out all labs as prescribed by the MD efficiently and correctly. 10P-6A Nurses will check all orders written for the previous 24 hours and ensure all orders were properly carried out. DON or Designee to audit all labs weekly x 4 weeks, then monthly.(Regional Nurse to audit quarterly also). Will report to QA monthly x 2 and then quarterly.	4/26/12	

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F 504 Continued From page 11
a urinalysis (UA) with culture and sensitivity (C&S) pending obtained on 3/25/12. The facility was unable to provide documentation of the physician's orders for the laboratory services of the iron panel obtained on 3/1/12 and a urinalysis (UA) with culture and sensitivity (C&S) pending that was obtained on 3/25/12.

During an interview in the conference room on 3/27/12 at 10:30 AM, the Director of Nursing (DON) verified there was no current physician's order for the iron panel obtained on 3/1/12, and no written physician's order for the UA, C&S obtained on 3/25/12.

F 514 483.75(l)(1) RES
SS=D RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on policy review, medical record review and interview, it was determined the facility failed to ensure medical records were maintained accurately and completely for medication orders

F 504

F 514

The Facility will ensure that medical records are accurately maintained.

Chart review done for Residents #2,3 and 9, all orders accurate and/ or clarified and carried out appropriately.

Audit of current recertifications completed and MD notified.

Nursing staff inserviced on Phyican's order notation process.DON or Designee will audit recertifications before MD signs to ensure any new orders are placed on recertification.

DON or Designee will audit recertifications (q 30 for SNF and q 60 for ICF) x4 and then quarterly. Findings will be reported to QA.

4/26/12

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F 514	<p>Continued From page 12 or a dialysis treatment order for 3 of 12 (Residents #2, 3 and 9) sampled residents.</p> <p>The findings included:</p> <p>1. Review of the facility's "PHYSICIANS' ORDERS" policy documented, "Policy Statement: It is the policy of this facility that all treatments and medications be ordered by the resident's attending physician. Procedure... 4. Should the previous month's orders be continued the next month, the physician may enter "continue previous orders" on the Physician's Orders form if such statement is recorded on the same side as the previous orders. If there is no space available, then the orders must be rewritten and signed by the attending physician..."</p> <p>2. Medical record review for Resident #2 documented an admission date of 1/24/12 with diagnoses of End Stage Renal Disease, Diabetes Mellitus, Hypertension, Gastroesophageal Reflux Disease, Congestive Heart Failure and Coronary Artery Disease. Review of the admission orders dated 1/24/12 documented an order for dialysis. Review of the recertification orders dated 3/1/12 did not include an order for dialysis.</p> <p>During an interview in Resident #2's room on 3/26/12 at 9:40 AM, Resident #2 was asked what days she went to dialysis. Resident #2 stated, "...I go on Tuesday, Thursday and Saturday..."</p> <p>During an interview in the business office on 3/26/12 at 2:45 PM, the Director of Nursing (DON) was asked if she would expect a dialysis order to be on the current physician orders for a resident receiving dialysis. The DON stated,</p>	F 514			

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F 514	<p>Continued From page 13 "...yes, I would..."</p> <p>3. Medical record review for Resident #3 documented an admission date of 4/7/11 and a readmission date of 10/20/11 with diagnoses of Hypertension, Diabetes, Acute Kidney Failure, Tubular Necrosis, Congestive Heart Failure, Muscle Disuse Atrophy and Hypothyroidism. Review of a physician's telephone order dated 3/8/12 documented, "...Ferrous Sulfate 325 mg [milligrams] daily & [and] Vit [vitamin] B12 1000 mcg [micrograms] IM [intramuscular] monthly r/t [related to] lab results." Review of the physician's recertification orders dated 3/14/12 did not include an order for Ferrous Sulfate or Vitamin B12.</p> <p>4. Medical record review for Resident #9 documented an admission date of 7/14/11 and a readmission date of 2/12/12 with diagnoses of Pulmonary Fibrosis, Chronic Hypoxia, Right Sided Heart Failure, Cor Pulmonale, Diabetes, Hypertension, Chronic Atrial Fibrillation and Chronic Kidney Disease. Review of a physician's telephone order dated 2/28/12 documented, "...Vit C 500 mg po [by mouth] bid [twice daily] ...Zinc Oxide 220 mg po bid." Review of the physician's recertification orders dated 3/1/12 did not include an order for Vitamin C or Zinc Oxide.</p> <p>During an interview at the nurse's station on 3/27/12 at 10:43 AM, the DON was asked who was responsible for the reconciliation of the recertification orders. The DON stated, "It should have been written in here. Checking [orders] may be done by day or night nurse. Whoever receives the new recert [recertification] orders or new MAR [Medication Administration Record] is to check for</p>	F 514		

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F 514 Continued From page 14 accuracy."

F 514

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