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

COMPLAINT NUMBER: ut00005103

PRINTED: 08/17/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465107	A. BUILDING ______ B. WING ______	C 08/04/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HILLS HEALTH CARE CENTER	1100 NORTH 400 EAST NEPHI, UT 84648

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 329 SS=G	483.25(l)(1) UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that the facility did not ensure that 1 resident received adequate monitoring when receiving Coumadin (a blood thinning medication). Specifically, the facility did not monitor and call the resident's physician of an abnormal PT/INR value drawn on 2/8/2006, and did not perform a PT/INR on 2/10/2006 as ordered. (PT/INRO is a lab used to monitor therapeutic ranges of Coumadin therapy). This resulted in over anticoagulation and hospitilization of a resident. (Resident 1). Coumadin is an oral anticoagulant used to control and prevent clotting disorders. Prescribing the dosage that both avoids bleeding complications and achieves therapeutic range clotting times requires monitoring through laboratory tests. The prothrombin time (PT) is a laboratory test used for monitoring blood clotting time in a specific individual. (Reference Guidance: Brunner and Suddarth's textbook of Medical-Surgical Nursing 8th edition 1996 Lippincott pages 802-803) The International Normalized Ration (INR) is	F 329 9/6/06 POC acceptable compliance date 9/10/06 [signature] RN	F 329 The facility will continue to provide adequate monitoring of laboratory testing of those residents who are on coumadin therapy. Resident #1 no longer resides at the facility. DON/Designee audited all charts during the week of July 17th 2006, to ensure all ordered labs were drawn and reported to the physician in a timely manner. DON/Designee has re-in-serviced all licensed nursing staff on July 17th 2006: ensuring labs are drawn as ordered, adequate monitoring of results and documenting timely reporting of lab results to the physician. DON/Designee will complete lab audits 2-3 times a week to ensure adequate monitoring; Labs are drawn as ordered, the facility has received lab results and timely reporting of lab results to the physician has been completed. The Administrator/Designee will review the lab log 2-3 times a week to ensure appropriate monitoring of labs.	10 Sept. 2006

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
John L Gleave [signature]	Administrator	8-30-06

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.

Utah Department of Health
EQ 759655149 US
SEP - 1 2006
Bureau of Health Facility Licensing, Certification and Resident Assessment

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F 329	Continued From page 1 another laboratory test used in conjunction with the prothrombin time in determining if therapeutic doses of anticoagulant medication are being administered. (Reference Guidance: Physician's Desk Reference 53 Edition 1999 Medical Economics Company page 932). Findings Include: Resident 1 was admitted to the facility on 2/1/2006 with diagnoses of GI Bleed, Anemia, CHF, COPD, Diabetes, Severe Deconditioning, Malnutrition, Hyponatremia, Hypokalemia, and Atrial Fibrillation. Review of Resident 1's medical record, and staff interviews were conducted on the following days: 7/8/2006, 7/13,2006 and 8/4/2006. Review of resident 1's admission orders dated 1/31/2006, documented that resident 1 was receiving "Warfarin Sodium (Coumadin) 5 mg PO (by mouth) Q (every) HS (hour of sleep) Su (Sunday), Tu (Tuesday), We (Wednesday), Th (Thursday), and Sa (Saturday). Coumadin 2.5 mg PO Q HS Mo (Monday) and Fr (Fridays). The admission orders also documented that resident was to receive a "Protime" level in 1 week. On 2/8/2006, Resident 1 was transported to the medical center [CVMC] to have his blood work drawn. His PT/INR was drawn at 3:10 PM. During an interview with faclity Nurse 1, on 7/13/2006, she stated that Resident 1 was was a "hard stick", and therefore transported to the medical center for the blood draw. A review of resident 1's laboratory results was	F 329	Any identified trends will be reported to the Quality Assurance Committee monthly and as needed until a lesser frequently is deemed appropriate.	

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F 329	Continued From page 2	F 329		

completed on 7/8/2006. Resident 1's PT/INR on 2/8/2006 were: PT 36.4 H (High) Reference Range 17.7 - 22.1 (normal value). INR 7.45 H Reference Range 2.0 - 3.0 (normal value).

An interview was held with the facility Nurse 1, on 7/13/2006 at 09:35 AM. She stated that she noted Resident 1's lab slip, (PT/INR drawn on 7/8/2006), after the fact, meaning after resident 1 was already in the hospital, stating that she, and the the facility staff did not receive the printed copy of the results from the medical center lab that day. Facility Nurse 1 stated that she put her initials on the lab slip, with no date/time, and that she did not notify the physician, of the abnormal results. The facility Nurse also stated that there is sometimes a problem with getting the lab results back to the facility in a timely manner, and that they (laboratory staff) usually call abnormal labs to the physician.

Review of resident 1's telephone orders dated 2/3/2006, documented that resident 1 was to have a F/U (follow up) PT INR in 1 (one) week.

A review of resident 1's laboratory results was completed on 7/8/2006. There was no evidence that a PT/INR was completed on 2/10/2006 as ordered by the primary care physician.

On 7/13/2006, facility nurses 1, and 4 were interviewed regarding resident 1's missing PT/INR lab of 2/10/2006. The facility nurses stated that the Lab Log is missing for this particular time frame. They are not sure where the lab log is. Facility Nurse 1, mentioned that the previous DON may have taken it with her when she moved.

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F 329	Continued From page 3	F 329		

On 8/4/2006 at 2:20 PM, Facility Nurse 3 was interviewed. When questioned about signing off PT/INR order dated 2/3/2006, for resident 1, and the facility process for ensuring that lab orders are completed, the facility 3 nurse stated, "I only work nights, I don't do a lot with the labs.".

On 2/11/06 a facility night nurse made the following note in her nursing documentation, "Res (resident) coughed up approx (approximately) 3 cc (cubic centimeters) blood with clots new red blood guiaced + (positive) called medical center and was told to bring res (resident) in tomorrow 2/11/06 to ER (Emergency Room) per physician. Gave res (resident) lortab and maylox."

On 2/12/06 the facility day nurse called resident 1's PCP (Primary Care Physician) and obtained orders to draw a PT/INR, CBC with diff (differential) CMP (Complete Metabolic Panel) Stat and report to the Physician, asap (as soon as possible). The order was not timed.

A review of resident 1's laboratory results was completed on 7/8/06. The results were completed on 2/12/06 at 2:15 PM. The results of Resident 1's PT/INR were: PT86.4 H (17.7 - 22.1) Normal Range INR 36.30 H (2.0 to 3.0) Normal Range.

The next order reads, made by Facility Nurse 2, reads, "Send to Medical Center STAT a Medical Emergency.". Resident 1's medical record indicates that he was then transported to the hospital.

A review of resident 1's Hospital medical record

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F 329	Continued From page 4 was reviewed on 7/13/2006. Resident 1 had an additional PT/INR drawy on 2/12/06 at 7:55 PM, the results were: PT 93.4 H (17.7 - 22.1) Normal Range INR 41.90 H (2.0 - 3.0) Normal Range Resident 1 received 6 units of PRBC's (packed red blood cells due to blood loss).	F 329		
F 502 SS=G	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 interview and review of medical records, it was determined that for 1 resident, the facility did not promptly notify the attending physician of a laboratory finding. This resulted in over anticoagulation and hospitilization of a resident. Resident identifier: 1 Findings include: Resident 1 was admitted to the facility on 2/1/2006 with diagnoses of GI Bleed, Anemia, CHF, COPD, Diabetes, Severe Deconditioning, Malnutrition, Hyponatremia, Hypokalemia, and Atrial Fibrillation. Review of Resident 1's medical record, and staff interviews were conducted on the following days: 7/8/2006, 7/13,2006 and 8/4/2006.	F 502	TAG F502 The facility will continue to obtain quality and timely laboratory services to meet the needs of its residents. The facility will continue to monitor the timeliness of laboratory services and testing of those residents who are on coumadin therapy. Resident #1 no longer resides at the facility. DON/Designee audited all charts during the week of July 17th 2006, to ensure all ordered labs for residents receiving an anticoagulant were drawn and reported to the physician in a timely manner, and appropriate follow-up completed. DON/Designee has re-in-serviced all licensed nursing staff on July 17th 2006: ensuring labs are drawn as ordered, adequate monitoring of results and documenting timely	10 Sept. 2006

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F 502	Continued From page 5 Review of resident 1's admission orders dated 1/31/2006, documented that resident 1 was receiving "Warfarin Sodium (Coumadin) 5 mg PO (by mouth) Q (every) HS (hour of sleep) Su (Sunday), Tu (Tuesday), We (Wednesday), Th (Thursday), and Sa (Saturday). Coumadin 2.5 mg PO Q HS Mo (Monday) and Fr (Fridays). The admission orders also documented that resident was to receive a "Protime" level in 1 week. Coumadin is an oral anticoagulant used to control and prevent clotting disorders. Prescribing the dosage that both avoids bleeding complications and achieves therapeutic range clotting times requires monitoring through laboratory tests. The prothrombin time (PT) is a laboratory test used for monitoring blood clotting time in a specific individual. (Reference Guidance: Brunner and Suddarth's textbook of Medical-Surgical Nursing 8th edition 1996 Lippincott pages 802-803) The International Normalized Ration (INR) is another laboratory test used in conjunction with the prothrombin time in determining if therapeutic doses of anticoagulant medication are being administered. (Reference Guidance: Physician's Desk Reference 53 Edition 1999 Medical Economics Company page 932). On 2/8/2006, Resident 1 was transported to the medical center to have his blood work drawn. His PT/INR was drawn at 3:10 PM. During an interview with faclity Nurse 1, on 7/13/2006, she stated that Resident 1 was was a "hard stick", and therefore transported to the medical center for the blood draw. A review of resident 1's laboratory results was	F 502	reporting of lab results to the physician. DON/Designee will complete lab audits 2-3 times a week to ensure adequate monitoring; Labs are drawn as ordered, the facility has received lab results and timely reporting of lab results to the physician has been completed. The Administrator/Designee will review the lab log 2-3 times a week to ensure appropriate monitoring of labs. Any identified trends will be reported to the Quality Assurance Committee monthly and as needed until a lesser frequently is deemed appropriate.	

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PT 93.4 H (17.7 - 22.1) Normal Range
INR 41.90 H (2.0 - 3.0) Normal Range
Resident 1 received 6 units of PRBC's (packed red blood cells due to blood loss).