

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

PRINTED: 09/13/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2006
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NAME OF PROVIDER OR SUPPLIER EAST LAKE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 NORTH 500 WEST PROVO, UT 84601
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F 164 SS=F	<p>483.10(e), 483.75(l)(4) PRIVACY AND CONFIDENTIALITY</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on confidential individual and group resident interviews, as well as interviews with the facility's Director of Nursing, social worker, administrator, and two nurse aides, it was determined that the facility did not ensure each residents' personal privacy was protected. The</p>	F 164	<p>Call to administrator 9/27/06 per telephone call added with permission. Completion date for all tags 10/31/06. UBuenbank rd</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Troy Schenk</i>	TITLE Administrator 9/25/06 (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 164	<p>Continued From page 1</p> <p>facility routinely searched each resident's room, including closed dresser drawers without first receiving permission. This practice makes each of the facility's residents susceptible to violations of personal privacy.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Two confidential, individual, resident interviews were held on 8/28/06 and 8/29/06, respectively. During these interviews, the surveyor asked if the resident believed the facility protected his/her privacy. Both residents responded that facility staff frequently go through their personal belongings without permission. A confidential interview was held with a group of residents on 8/30/06, beginning at 9:00 AM. The surveyor asked the participating residents if facility staff protected their personal privacy. Comments from the participants included statements that staff go through residents' personal belongings. An interview was held with the facility's Director of Nursing (DON) on 8/30/06 at 2:50 PM. The surveyors asked the DON if any facility staff routinely entered resident rooms to monitor if any items may be harmful. The DON replied that the afternoon nurse aide staff have been instructed to go through each residents' room to determine if there were any harmful items. The DON stated that some residents "hoard" food, and place them in drawers. The DON stated that the nurse aide staff were instructed to open the dresser drawers, or other locations that a resident may place items that may be harmful to themselves or another resident who might gain access to the item. The 	F 164	<p>F164</p> <p>The CNA,s Job description has been modified to reflect the task of straightening residents closets/dresser draws and the removal of items to only be done in the presents of the resident with their permission.</p> <p>CNA's will report any objections to this policy to the social worker, she will assess the situation and document residents individual needs in their care plan.</p> <p>Any resident wishing to self medicate will be assessed for safety and if deemed competent to do so, they will be required to furnish a lock box to keep all medications in.</p> <p>The social worker will report monthly starting 10/31/06 in QA meeting as to, if any resident's objected to this policy and what resolutions she has put in place for these resident's.</p>	

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F 164	<p>Continued From page 2</p> <p>surveyor asked the DON what items may be considered harmful, to which the DON responded items such as spoiled food, scissors, prescription or over-the-counter medications, razors, and flatware from the dining room. The surveyor asked the DON if residents were able to keep items such as these in their room. The DON responded that if the resident had been assessed as being safe self-administering medications then they could keep the medications in their room, but that the resident would have to keep them secured in a locking compartment or box. The DON stated that the facility did not offer locking boxes to residents. The DON also stated that other harmful items, such as scissors would also need to be in a locked compartment because other residents may take them and injure themselves or others.</p> <p>The surveyor asked the DON if it mattered if residents were in their room when the staff searched their room. The DON responded that they have the afternoon nurse aides search the rooms because residents would more likely be in their room. The surveyor asked the DON if it was her expectation that if a resident was not in their room, that staff would find the resident to request permission to search their room. The DON responded that staff were not expected to ask residents for their permission unless the resident happened to be in their room when the search occurred.</p> <p>The DON also stated that as part of the facility's Quality Assurance program, she, the Administrator, and facility social worker to "Grand Rounds" of the facility. The DON explained that in "Grand Rounds" they go room to room to look</p>	F 164			

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F 164	<p>Continued From page 3</p> <p>for harmful items. The DON said this process included opening dresser drawers for inspection. When asked if resident permission was requested prior to the search, the DON responded that if the resident was in the room, they would ask permission and if the resident was not in the room, they would proceed with the search.</p> <p>4. An interview was held with the facility's social worker on 8/30/06 at 3:05 PM. The surveyor asked the social worker if the facility had a practice of searching resident rooms for harmful items. The social worker responded by stating that the nurse aides were to check resident rooms for harmful items that residents may "hoard". The social worker stated that the search would include going through the residents' dresser drawers. The surveyor asked the social worker if staff were expected to obtain permission from the resident prior to searching their room. The social worker stated that the staff would ask permission if the resident were in the room, but if not the staff would likely proceed with the search.</p> <p>The surveyor asked the social worker if the facility's administrative staff conducted "Grand Rounds" that included a search of resident rooms. The social worker stated that at least every couple of weeks, the administrative staff go room to room looking for items that may be harmful. She stated this search included going through dresser drawers and did not necessarily include first obtaining the resident's permission.</p> <p>5. An interview was held with a certified nurse aide (CNA) on 8/30/06 at 3:20 PM. This CNA stated that she had been employed at the facility</p>	F 164			

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F 164	Continued From page 4 for approximately one and a half years and that she generally worked the afternoon shift. The surveyor asked the CNA if staff routinely checked resident's personal belongings for anything that staff may believe to be harmful. The CNA responded that all of the nurse aides should be checking their residents' belongings each day, including searching dresser drawers, to make sure there was nothing that could harm the resident. The surveyor asked the CNA if residents were bothered by staff searching their personal belongings. The CNA said that most residents do not seem to mind but that a few residents do. The CNA stated that staff knew which residents would get upset so, "... we wait until they go to dinner or something like that." 6. An interview was held with a different CNA on 8/30/06 at 4:00 PM. This CNA stated she had been employed by the facility off and on for about two years and that she worked both day and evening shifts. This CNA stated that each day staff should be checking resident rooms to ensure there were no harmful items. The surveyor asked the CNA if she asked the resident for permission prior to searching their belongings. The CNA stated that she would only search the room in the resident was present. She stated that she would be upset if someone went through her belongings without her permission. The CNA stated that she knows some of the staff have searched resident rooms without the resident's permission. 7. On 8/30/06, surveyors met with the facility's administrative staff to share survey findings. As the surveyor discussed the facility's practice of searching residents' personal property, the	F 164		

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F 164	Continued From page 5 Administrator stated that, out of concern for the residents, staff have taken things from resident rooms to keep them safe. She further stated that at times, this was done without the permission of residents. The Administrator stated that some residents have behaviors of hoarding food and that eventually the food would spoil and the resident could be harmed if they ate it.	F 164		
F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on two observations of call lights signalling, unanswered for 10 and 12 minutes, two confidential individual resident interviews, 6 of 10 residents in a group interview, and a review of Resident Council minutes, it was determined that the facility did not always respond to resident call lights in a timely manner. Resident identifiers for call lights observed unanswered timely 1 and 2. Findings Include: On 8/30/06 at 2:00 PM, the call light for room 410, resident 1, began signalling at the North nursing station. At that time, no staff were in resident 1's room. Continuous observations were made until at 2:10 PM, when a nurse aide entered resident 1's room.	F 241	F241 A call light audit will be conducted on rooms 410 & 406, depending on the findings of this audit the staffing patterns will be adjusted to better meet the resident's needs. Findings will be reported by DON at the QA meeting on 10/31/06. Nursing staff will again be inserviced on 10/10/06, on the importance of answering call lights in a timely manner and that all residents are to be taken care of by all staff members, not those only assigned for that shift. Employees will be inserviced as to not turn call light off unless they have taken care of all the residents needs. CNA's will be inserviced on 10/10/06 on the use of the new daily care guides to help us anticipate the residents needs. We will continue to hold monthly meetings with the staff and residents to come up with new solutions to the problem, and implement new ideas. The progress will be reported on in QA by the ADON starting 10/31/06.	

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F 241	<p>Continued From page 6</p> <p>On 8/30/06 at 2:00 PM, the call light for room 406, resident 2, began signalling at the North nursing station. At that time, no staff were in resident 2's room. Continuous observations were made until at 2:09 PM, when a nurse entered resident 2's room.</p> <p>A confidential resident interview was held on 8/29/06 at 2:45 PM. The resident stated that he/she sometimes cough and needed to be suctioned. This resident stated that at times the staff were too busy to answer the call light promptly and that he/she had to wait extended periods of time.</p> <p>A confidential resident interview was held on 8/29/06 at 10:30 AM. The resident stated that at times the staff did not respond to the call light for more than 30 minutes. This resident stated that sometimes the staff would say they would be right back, but then did not return.</p> <p>A confidential interview was held with a group of residents on 8/30/06 at 9:00 AM. The surveyor asked the residents about the timeliness of call light response. Six (6) of 10 residents responded that staff do not answer call lights in a timely manner. Individual comments from the participating residents included:</p> <ul style="list-style-type: none"> a. Call light response was worse at meal times and at change of shift. b. Staff response to call lights was sometimes thirty to forty minutes. c. Staff would turn off the call light, stating they would return soon. Sometimes staff did not return. d. Staff would turn off the call light, stating they would get "your aide". Assigned aide would not 	F 241			

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F 241	Continued From page 7 respond. Residents participating in the group interview stated that the timeliness of call light response was a current and ongoing problem in the facility. A review of the 8/28/06 Resident's Council minutes was completed on 8/30/06. The residents identified the following concern, "... The call lights are being turned off before the service is complete. ..."	F 241		
F 252 SS=B	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observations the facility did not provide a clean environment, specifically it was determined that the facility had a pervasive urine like odor present in hallways, rooms and shower/tub areas within the building. Findings include: Urine odors were present in the following rooms as indicated by the date and time of day. 1. Room 119 08/31/06 at 8:55 AM 2. Room 311 08/28/06 at 3:00 PM	F 252	F252 Room 119 has had the carpet remove and the mattress has been replaced. Room 311 has had the carpet remove. Rooms 312, 315 & 319 Aids have been instructed to remove all soiled clothing and bedding as soon as the residents have been changed. All Rooms on the 100 hall have been checked for cracked mattresses several were replaced. The staff have been instructed to change all beds each morning and as needed after that. They will check the condition of the mattresses at this time and report any in need of changing in the maintenance log. All disposable briefs will be stored away from patient rooms and provided as needed. Those resident's that are incontinent will be assessed for a toileting schedule.	

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F 252	Continued From page 8 08/29/06 at 8:45 AM, 4:00 PM 08/30/06 at 10:15 AM 3. Room 312 08/29/06 at 9:45 AM 4. Room 315 08/30/06 at 3:15 PM, 04:55 PM 5. Room 319 08/28/06 at 1:30 PM, 3:00 PM 8/29/06 at 8:30 AM, 1:35 PM 08/30/06 at 4:00 PM A strong urine like odor was present each morning from 08/29/06 to 08/31/06 when entering 100 hallway and the 100 dining room area. During tour of the environment on 08/31/06, the surveyor observed strong urine like odors in the shower/tub rooms on south 100, 200, and west 400 hallways.	F 252	Housekeeping staff will make sure all shower/tub rooms are cleaned daily and be inserviced on the correct deep cleaning procedures on 10/10/06. All Nursing staff will be instructed on the correct cleaning of the shower areas after use on 10/10/06. Housekeeping supervisor/DON will report monthly on the cleanliness/odor of the facility in QA starting on 10/31/06.	
F 426 SS=D	483.60(a) PHARMACY SERVICES - PROCEDURES A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This REQUIREMENT is not met as evidenced by: Based upon interviews with staff and record review, it was determined the facility did not provide for necessary acquiring, receiving,	F 426		

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F 426	<p>Continued From page 9</p> <p>dispensing, and administering of pharmaceutical agents in a manner that meets the needs of residents. Specifically, one resident did not receive her scheduled weekly dose of Procrit and another resident did not receive her regularly scheduled dose of insomnia medication for four nights. Resident identifiers 3 and 7.</p> <p>Findings include:</p> <p>1. Resident 7 was admitted to the facility on July 12, 2004 with the diagnoses that included Insomnia, edema, enuresis, heartburn, anemia, and reflux. During an interview conducted on 8/29/06 at 9:35 AM, Resident 7 stated that she had been unable to sleep at night because she "... ran out of sleeping pills, and the pharmacy doesn't bring" her "more sleeping pills".</p> <p>A record review of resident 7's Medication Administration Record (MAR), the Narcotic Record for "Temazepam 15 mg (milligrams)" and the Physician's Orders in her medical record was completed. The records revealed that the resident was to receive Restoril (Temazepam) on a routine basis, every bedtime. On 8/18/06, a Physician's Order for this resident's Restoril, a drug used for the treatment of insomnia, was increased in dosage from 15 milligrams to 30 milligrams. The MAR and Narcotic Record indicated that no Restoril was administered to resident 7 from 8/24/06 through 8/28/06.</p> <p>An interview with the Director of Nursing (DON) was conducted on 8/29/06 at 3:30 PM. She stated that resident 7 "ran out" of her sleeping pills because the dosage was increased from 15 milligrams to 30 milligrams, to be given each</p>	F 426	<p>F426</p> <p>Resident #7 Fosamax given 08/23/06 and 08/30/06. Nursing staff will be inserviced on 09/12/06 by Pharmacy on how to assure medications arrive on time to be delivered to each resident without missing doses. Dosage increases will be handled in the following way:- All dosage changes and new orders will be faxed on "new order" forms to the pharmacy and followed with a phone call to assure the pharmacy understands that the dose increase will deplete our supply in house and they will need to supply X amount of medication to get to the next scheduled refill. The DON will be faxed from the pharmacy any problems they have related to filling orders so the DON can follow through.</p> <p>Resident #3 Procrit was given on 08/29/06. Nursing staff to be inserviced on correct administration of medication on 09/12/06 and on procedures for reporting medication errors. All new hired nurses will be required to watch the administering medication video and take a test to complete this process. Random med pass audit will be done monthly to assure adherence to these practices. MAR's will be audited for holes in documenting medications given/omitted. DON will monitor these procedures and report monthly in QA meeting starting 10/31/06.</p>	

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F 426	<p>Continued From page 10</p> <p>night. The DON stated that staff used the resident's previously prescribed 15 milligram capsules of Restoril, giving two nights worth in one night, to achieve the new 30 milligram order. This decreased the number of days available from the previously received Restoril. The DON explained that the facility ended up being short of enough medication because the "payer source only pays for 30 doses" per pharmacy cycle.</p> <p>A review of resident 7's MAR showed that the pharmaceutical agent Trazadone, was also ordered each night to be given "PRN" (if necessary) "if not sleeping well". According to this record, the Trazadone was administered on 8/24/06 to 8/29/06. However, during an interview with resident 7, on 8/31/06 at 9:44 AM, she stated that she remembered the staff giving her Trazadone in hopes that it would help her sleep, but that it was not effective.</p> <p>2. Resident 3 was originally admitted to the facility on 11/06/02, and was readmitted from an acute care hospital on 5/26/06. Resident 3's diagnoses included anemia, congestive heart failure, osteoporosis, and acute lung edema.</p> <p>A review of resident 3's medical record was completed on 8/30/06. Upon readmission to the facility on 5/26/06, resident 3 had physician orders to receive Procrit 10,000 units given subcutaneously every week. Per documentation on resident 3's August 2006 Medication Administration Record (MAR), the Procrit was to be administered on 8/11/06, 8/18/06, and 8/25/06. The 8/25/06 dose of Procrit was not initialed by a nurse to indicate that it had been administered.</p>	F 426			

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F 426	<p>Continued From page 11</p> <p>On 8/29/06 at 2:30 PM, the surveyor asked the Licensed Practical Nurse (LPN), assigned to resident 3, to show all available doses of Procrit for resident 3. The LPN searched the medication cart and found no Procrit. The LPN then searched the medication refridgerator, located at the nurses station. Within the medication fridge was one, unit dose vial of Procrit for resident 3.</p> <p>On 8/30/06 at 10:35 AM, an interview was held with the LPN assigned to resident 3 on 8/25/06, when the Procrit was to be administered. The surveyor asked the LPN if she recalled administering the Procrit to resident 3. The LPN stated she did not recall. The surveyor reviewed resident 3's August 2006 MAR with the LPN. The surveyor asked the LPN if it appeared the 8/25/06 dose of Procrit was administered to resident 3. The LPN said that it was not initialled as being given. The surveyor asked the LPN what she would normally do if see noted a blank in documentation on the MAR. The LPN replied that if she did notice a blank in documentation, she would notify the nurse that had been working at the time the medication was to have been given and would also fill out an Medication Error Form. The surveyor asked the LPN if she had noted the blank in documentation prior to this interview, to which the LPN replied she had not.</p> <p>On 8/30/06 at 10:40 AM, an interview was held with the Director of Nursing (DON). The surveyor presented the DON with information regarding the missing documentation that would indicate resident 3 may not have received the Procrit as ordered to be given on 8/25/06. The DON stated that she had not received a Medication Error Form regarding the medication but that she would</p>	F 426		

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F 426	Continued From page 12 check into it. Later on 8/30/06, the DON brought a copy of a Medication Error Form to the surveyor. The form was dated 8/30/06, and included documentation that resident 3's Procrit was not given on 8/25/06. Per documentation, the reason for the error was, "omitted - over sight by nurse". The form included information that resident 3's physician had been informed of the error on 8/30/06, and the physician gave instructions to administer the medication at that time.	F 426			
F 514 SS=D	483.75(l)(1) CLINICAL RECORDS 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 upon interviews and records review, it was determined that the facility did not maintain clinical records in accordance with accepted professional standards that were complete and accurately documented. Specifically, for 3 of 19 sample residents, the Medication Administration	F 514			

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F 514	<p>Continued From page 13</p> <p>Records did not accurately document the administration of pharmaceutical agents. Resident Identifiers: 6, 7, 12.</p> <p>Findings include:</p> <p>1. Resident 7 was admitted to the facility on 7/12/04 with diagnoses including edema, urinary tract infection, depressive disorder, vaginitis, anemia, insomnia, reflux and constipation. The Medication Administration Record (MAR), was to be initialed by the nurse administering medications, to reflect that a particular medication had been given. A record review of Resident 7's MAR on 8/30/06 showed that the MAR was not initialed for the following dates at the appropriate scheduled medications:</p> <p>There were no initials indicating Fosamax 70 milligrams, (to be administered every Wednesday) was given 8/23/06 and 8/30/06.</p> <p>There were no initials indicating that the following medications were administered on 8/24/06: Topamax (100 milligrams to be given every morning), Vitamin E (1000 units to be given every day), Rhinocart (2 sprays, to be given every day), Omeprazole (20 milligrams, to be given every day), Multivitamin (to be given every day), or Celebrex (200 milligrams, to be given every day).</p> <p>An interview was conducted with the Director of Nursing (DON) on 8/30/06 concerning the two missing doses of Fosamax. On 8/31/06, the DON furnished the survey team with a note from a nurse working the night shift on those dates. The note states, "On 8/23 and 8/30 I provided care for (Resident 7). She was ordered Fosamax</p>	F 514	<p>F514</p> <p>Nursing staff will be inserviced on 10/10/06 on correct documentation of administration of medications and medication error reporting. MAR's will be audited monthly by the Medical Records department and the DON will review all corrections with the nursing staff. The DON will report monthly at QA meeting starting 10/31/06 as to what progress is being made.</p> <p>Resident 7 was given Fosamax on 08/23/06 and 08/30/06.</p> <p>Resident # 12 Nursing staff were inserviced on 09/12/06 on the proper procedures for blood pressure recording. This will be audited by the Medical Records department and the DON will review all corrections with the nursing staff. The DON will report monthly at QA meeting starting 10/31/06 as to what progress is being made.</p> <p>Resident # 6 order has been change to reflect the frequency with which the medication could be administered.</p>		

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F 514	<p>Continued From page 14</p> <p>at 0530... at that time I failed to document that it was given. I have since corrected the problem." A review of the MAR on 8/31/06, revealed that the nurse initiated the 8/23/06 and 8/30/06 entries for Fosamax.</p> <p>2. Resident 12 was admitted to the facility on 11/27/04 with diagnoses including angina, abnormal gait, anemia, wheezing, senile depression, osteoporosis, dementia, hyperlipidemia, and atrial fibrillation. The MAR was to be initiated by the nurse administering medications, to reflect that a particular medication had been given. A record review of Resident 12's MAR on 8/30/06 showed that the MAR was not initiated for the following dates at the appropriate scheduled medications:</p> <p>Baclophen was ordered to be given four times every day. Initials indicating it's administration were missing on 8/6/06 and 8/15/06 for the scheduled times of 12:00 P.M. and 4:00 P.M.</p> <p>Cymbalta was ordered to be given every day. There were no initials indicating the drug was given on 8/6/06.</p> <p>Lisinopril was ordered to be given every day, and was to be "held" (not given) if the systolic blood pressure was lower than 125. The blood pressure was to be recorded in the MAR each morning before the dose of Lisinopril was administered. The blood pressures were not recorded in the MAR on these dates: August 4, 6, 8, 9, 15, 18, 19, 21, 22, 23, 24, 27, and 28, 2006. On August 5, 2006, the MAR showed that Resident 12's systolic blood pressure was "118". However, the nurse initiated the MAR</p>	F 514			

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F 514	Continued From page 15 to show that the Lisinopril was administered anyway. 3. Resident 6 was admitted to the facility on June 26, 2006 with diagnoses including schizophrenia, constipation, dysphagia, hypertension, diabetes mellitus, and insomnia. An examination of her current recertification orders included an order for the drug Ativan 0.5 milligrams, by mouth, "PRN" (if necessary). The order also appears on her MAR. Neither the order on the MAR or in the Physician's Order included the frequency with which the medication could be administered.	F 514			
F 518 SS=B	483.75(m)(2) DISASTER AND EMERGENCY PREPAREDNESS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Based on interviews, facility record review, and information from underwriters laboratories, it was determined that the facility did not provide training sufficient to ensure staff were knowledgeable of emergency procedures, for 3 of 6 facility employees: Two certified nursing assistants (CNA) and one housekeeping staff member. Findings include:	F 518	F518 A inservice for all staff was held on 09/08/06 for emergency procedures another inservice will be held on 10/10/06. Fire drills will continue to be held once a month for every shift. All new employees will receive disaster/emergency preparedness on orientation. Twice a year we will inservices on fire prevention where we will demonstrate the use of the fire extinguishers. The facility fire plan will be updated to include PASS. The Maintenance supervisor will monitor staff response and report monthly in QA meeting starting 10/31/06.		

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F 518	<p>Continued From page 16</p> <p>An interview with a CNA was conducted on 08/30/06 at 2:10 PM. This CNA was asked how he would respond if he encountered a fire in a resident's room while the resident was in the room. The CNA indicated that he would put out the fire himself if he could and try to get help. When asked how to use a fire extinguisher, the CNA responded he would pull the pin and spray. The CNA was not able to identify where the fire extinguisher's or alarms are located on the unit. The CNA stated that he last had fire/emergency training upon hire, he thought sometime in April.</p> <p>An interview with another CNA was conducted on 08/31/06 at 9:25 AM. When asked how to use a fire extinguisher, the CNA responded she would pull the ring and hold hose down.</p> <p>An interview with a housekeeping staff member was held on 8/30/06 at 3:30 PM. The housekeeping staff member was asked how he would respond if he encountered a fire in a resident's room while the resident was in the room. He indicated that if it was a small fire he would pull the fire alarm and get help. The housekeeping staff member was unable to verbalize where the fire alarms or fire extinguishers were located on the unit.</p> <p>An interview with the maintenance director was conducted on 08/29/06 at 1100 AM. The maintenance person indicated that inservicing for fire/emergency procedures was conducted two times a year and during new employee orientation.</p> <p>Per underwriters laboratories:</p>	F 518		
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F 518	Continued From page 17 To operate a fire extinguisher, remember the word PASS: a. Pull the pin, hold the extinguisher away from you and release the locking mechanism; b. Aim low, pointing the extinguisher at the base of the fire; c. Squeeze the lever slowly and evenly; d. Sweep the nozzle from side to side On 8/31/06 the surveyor reviewed the facility's fire plan. In the facility's emergency plan to remove residents in an emergency situation under section (A) page 10 states....move all residents who are in immediate danger to a safer place as quickly as possible. Close the door to the unit. Summon help as calmly as possible... The plan does not state how to use a fire extinguisher. Under fire alarm locations's section (D) page 2, it indicates fire alarms are located in hallways; lobby; front office and dietary. Section (E) page 3, lists specific locations where fire extinguishers are located in the facility.	F 518		