DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

PRINTED: 1/10/01
FORM APPROVED
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	465115	A. BUILDING ______ B. WING ______	C 1/2/01

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON TERRACE HEALTH SVS	400 E 5350 S OGDEN, UT 84405

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F 502 SS=G		F 502	Preparation and/or exe... Plan does not constitute admi... ment by the provider of the facts alleged or conclusions ... the Statement of Deficiencies. T... Correction is prepared and/or ex... solely because require... [initials] Initials	
	Based on review of the facility's laboratory services, review of medical records and staff interviews, it was determined that the facility failed to provide timely laboratory services and adequate monitoring of anticoagulant therapy for 3 of 7 sample residents. This resulted in harm for 1 resident (resident 1) as evidenced by the resident requiring emergency medical services secondary to uncontrolled bleeding. (Resident identifiers: 1, 6, and 7.) Coumadin is an oral anticoagulant used to control and prevent clotting disorders. Prescribing the dose that both avoids bleeding complications and achieves therapeutic range of clotting times requires monitoring through laboratory tests. The Prothrombin Time (PT) is a laboratory test used to monitor blood clotting in a specific individual. (Reference Guide: Brunner and Suddarth's textbook of Medical-Surgical Nursing 8th Edition 1996 Lippincott pages 802-803.) The International Normalization Ratio (INR), another laboratory test, is used in conjunction with the PT in determining if therapeutic doses of anticoagulant medications are being administered. (Reference Guide: Physicians Desk Reference 53 Edition 1999 Medical Economics Company page 932.) Resident 1 was readmitted to the facility on 8/13/99 with the diagnosis of cerebral vascular accident, hemiplegia, hypertension and Alzheimers. A review of resident 1's medical record showed that the admitting physician on 3/20/00 ordered Coumadin 3.75 milligrams (mg) to be given by mouth	F502 Accepted 2/6/01 [initials]	WTHS has instituted an in-house laboratory nurse effective 2-1-2001 to meet the HCFA tag F502. WTHS will have one nurse assigned to this duty to ensure continuity and accuaacy of system. A lab calendar has been posted at the nurses station with all labs that need to be drawn for the month. As new orders are written the calendar will be updated by the nurse taking the order off. When the lab has been drawn, the nurse on duty will highlight and initial that the lab has been drawn. The lab nurse will be responsible for weekly audits rotating hallways looking for follow up to the labs, checking orders that the labs have been drawn, or if new labs need to be placed	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature]
TITLE Administrator
(X6) DATE 1-29-01

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

01/29/01 HT

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F 502	Continued From page 1 daily and to collect a PT/INR on 3/28/00. There was no documentation in resident 1's medical record between 3/28/00 and 6/26/00 to indicate the facility was monitoring the resident's anticoagulation therapy. On 6/27/00 a laboratory test result was found in the medical record showing a PT of 17.4 and INR of 2.4. The normal range for the laboratory used by this facility are "PT normal low 10.00 normal High 12.00" for someone not on anticoagulant therapy and "INR normal low 2.00 normal high 3.00" for someone on anticoagulant therapy. A review of the physician's orders showed there was no order written for a PT/INR to be collected on 6/27/00. On 6/29/00 there was a physician's order to collect a PT on 7/3/00. No laboratory test results could be found in the medical record of a PT collected on 7/3/00. In an interview with a staff nurse on 12/28/00 at 11: AM she was asked who enters the resident names in the laboratory log book, she stated that the laboratory technician entered the resident names when the laboratory specimens are collected. A review of the laboratory log book showed no entry for a PT collected on 7/3/00 for resident 1. In an interview with the Director of Nursing (DON) on 1/2/01 she stated she could not locate the PT report and that she had called the laboratory. The laboratory reported to her that they had no record of a PT collected on 7/3/00. There was no other documentation in resident 1's medical record between 6/29/00 and 9/23/00 to indicate the facility was monitoring the resident's anticoagulation therapy.	F 502	on the lab calendar. A list of resident's that were audited for the week will be given to the DNS so in Standards of Care Meeting, a double check can be completed. All findings will be reported in our monthly CQI meeting with the IDT members. 2. Due to on-going issues with our current lab provider, WTHS has chosen to switch providers effective, 2-12-01. Ogden Regional Medical Center has contracted these services for our facility. In addition to lab services, they will alsop provide a monthjly audit of all our charts. Results of the addit will be discussed and followed up in CQI meeting. DNS will be responsbible for overseeing this process. 3. WTHS purchased a pro-time machine enabling us to complete our own PT in-house. Results will occur 3 mins after drawing blood. All nurses will receive an intensive inservice on the new machine and program on 2-21-01. As of 3-1-01	

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F 502	Continued From page 2 On 9/24/00 the physician gave an order to check PT/INR. The laboratory test results of a PT/INR collected on 9/25/00 showed a result of a high PT of 24.5 and a high INR of 4.6. The physician's order written on 6/26/00 was to hold the Coumadin was for 48 hours and to re-check the PT/INR on 9/28/00. The laboratory report of 9/28/00 showed a PT or 17.9 and INR of 2.5. There was no other documentation in resident 1's medical record between 9/28/00 and 12/11/00 to indicate the facility was monitoring the resident's anticoagulation therapy. A nurses note written on 12/12/00 at 7:00 AM stated that the resident had a skin tear that would not stop bleeding. The nurse collected a PT/INR "...for possible increase in bleeding times..." The nurse notified the physician of a PT of 47.5 and INR of 15.5", which are designated as "Panic Results" by laboratory services. The physician ordere on 12/12/00 was to hold the Coumadin and to send the resident to the Emergency Room (ER) for treatment. The nurses note dated 12/12/00 10:00 AM stated "... According to the ER res. (resident) is receiving 2 units of FFP (Fresh Frozen Plasma) & will be discharged back to the (facility)." The physician wrote an order on 12/15/00 to check the PT/INR. The laboratory test results of 12/16/00 showed a PT of 11.9 and INR of 1.0. The physician wrote an order on 12/16/00 to give Coumadin 10 mg by mouth every day for 2 days then start 3.75 mg daily and collect a PT on 12/20/00 AM. No laboratory report could be found in the medical record of a PT result collected on 12/20/00. A review of the	F 502	accepted 2/16/01 mdavis will be be providing PT/INR in-house to all our residents. This system will improve quality of treatment to our residents. DNS will report monthly in CQI results of outcomes of new program instituted. 5. All systems will be in-place by 3-1-01. Weekly and monthly audits of our system will occur with tracking in our SOC and CQI meetins. DNS will be responsbile for overseeing this new system and outcome data will be tracked and managed by the DNS.	3/1/01 mdavis

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F 502	Continued From page 3 laboratory log book showed no entry for a PT/INR collected for resident 1 on 12/20/00. A laboratory report on 12/22/00 showed a PT of 17.8 and INR of 2.5. No physician's order could be found in resident 1's medical record for a PT to be collected on 12/22/00. In an interview with the DON on 1/2/01 at 2:30 PM, when asked if the facility had a policy for the laboratory services, she stated "No, we don't have a policy for our laboratory services." Resident 6 was readmitted to the facility on 10/4/00 with diagnoses of atrial fibrillation with anticoagulant therapy, mitral insufficiency, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease. A review of the resident's medical record was completed on 1/2/01. The physician's admission orders, dated 10/4/00, were reviewed and documented the resident was to receive Coumadin 5 mg daily. A review of resident 6's laboratory report, dated 10/9/00, documented the PT result was 16.8 and the INR was 2.2. A physician's order was written on 10/9/00 for the next PT to be done on 10/16/00. A review of the resident's laboratory report dated 10/16/00 documented the PT was 20.3 seconds and the INR was 3.2. This indicated the PT and INR had increased from the previous results received on 10/9/00. A physician's telephone order dated 10/16/00	F 502 Received 2/6/01 Maura RN	On 1-3-01, resident's 1,6 &7 had complete chart audits completed to ensure all labs were drawn and then placed into our new system. The DNS reported the findings of the chart audit in conjunction with the laboratory nurse adding them to the laboratory calendar. On 1-4-01, all high risk resident's had a complete chart audit completed to ensure all laboratory services needed were drawn andfollowed up on. They were then placed on the lab calendar by the laboratory nurse and findings reported to the DNS, who forwarded on this information in SOC meeting.	

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F 502	Continued From page 4	F 502		

documented a decrease in the resident's anticoagulant to Coumadin 5 mg, 6 days per week and Coumadin 2.5 mg, 1 day per week and for the facility to recheck the PT in 2 weeks on 10/30/00. There was no documentation in resident 6's medical record of a PT being done on 10/30/00.

The DON was interviewed on 1/2/01 and stated the laboratory had been contacted and there was no documentation that a PT had been done for resident 6 on 10/30/00 or any time since that date.

There was no other documentation in resident 6's medical record between 10/16/00 and 1/2/01 to indicate the facility was monitoring the resident's anticoagulant therapy.

Resident 7 was admitted to the facility on 1/28/98 with diagnoses of an artificial heart valve with anticoagulant therapy, congestive heart failure and edema.

A review of resident 7's medical record was conducted on 1/2/01.

A review of resident 7's physician's order dated 4/26/00 documented the resident was to receive Coumadin 5 mg, 6 days per week and Coumadin 7.5 mg, 1 day per week. The physician's order also documented the resident was to have a PT/INR done monthly.

A review of resident 7's laboratory report dated 9/11/00 documented the PT was 12.4 and the INR was 1.2. Documentation on the laboratory slip indicated the PT was to be rechecked in 1 week , on

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F 502	Continued From page 5 9/18/00. There was no documentation in the medical record that a physician's order was written for a PT to be rechecked in 1 week on 9/18/00. No result for a PT being done on 9/18/00 was found in resident 7's medical record. A physician's order dated 10/2/00 documented an increase in the resident's Coumadin therapy to Coumadin 5 mg, 5 times per week and Coumadin 7.5 mg, 2 times per week. A laboratory report dated 11/15/00 documented the PT was 14.6 and the INR was 1.7. A telephone order was written on 11/17/00 for the facility to recheck the PT in 2 weeks on 12/1/00. There was no documentation in resident 7's medical record to indicate a PT had been done on 12/1/00. The DON was interviewed on 1/2/01 and she stated the laboratory services had been contacted and there was no documentation of PT's being done for the dates of 9/18/00 and 12/1/00.	F 502		