

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

PRINTED: 01/29/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 465049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2007
NAME OF PROVIDER OR SUPPLIER EVERGREEN CANYONS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4600 SOUTH HIGHLAND DRIVE SALT LAKE CITY, UT 84117	
(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 253 SS=B	<p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation it was determined that the facility did not provide maintenance and housekeeping services necessary to keep the resident living areas clean and in good repair.</p> <p>Findings include:</p> <p>A tour of the facility was conducted with the maintenance supervisor on 8/29/07.</p> <p>a. Carpet on 1st floor from elevator to back door appeared to be stained and dirty.</p> <p>b. Carpet on elevator appeared to be stained and dirty.</p> <p>c. Room 208 had missing floor tile that had built up dirt in the open area.</p> <p>d. The hallway floor west of the 2nd floor nurses station had broken and missing tiles, in and around the seam in the building.</p> <p>e. Room 206 door jamb was broken and missing pieces.</p> <p>f. Television room on the 3rd floor had a 3 inch by 3 inch hole in the wall behind the door.</p> <p>g. The 2nd floor east shower area was missing a 4 inch by 4 inch tile on west wall, and the light</p>	F 253		9/28/07

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 253	Continued From page 1 was burnt out. h. The 2nd floor west shower area had a 10 inch by 10 inch section of the ceiling that was stained brown and the paint was peeling off. The texture/paint on the shower floor was worn off in a 16 inch by 12 inch area. The left shower did not have a shower curtain. i. Room 221 door jamb was broken and missing pieces and the carpets appeared to be stained and dirty. j. Room 211 bathroom door was patched and not painted to match the door. The wall paper border had been removed and the wall was different colors underneath. Bathroom- toilet had rust around the base and smelled of urine. k. Resident 1's wheel chair left arm rest was torn and exposed the un-cleanable surface. l. Carpet outside 2nd floor dining room appeared to be stained and dirty. The transition area between carpet and tile was coming apart and was full of dirt. m. The 2nd floor smoking area door way appeared to have stained and dirty carpet. The vent cover on the ceiling inside the door was missing. n. Six out of 10 of the 2nd floor dining room tables were wobbly. o. Room 316 bathroom had a 6 inch by 12 inch section of missing/peeling paint.	F 253			
F 278 SS=B	483.20(g) - (j) RESIDENT ASSESSMENT	F 278		9/24/07	

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F 278	<p>Continued From page 2</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, it was determined the facility did not complete accurate Minimum Data Set (MDS) assessments for 3 of 13 sample residents. Residents 1, 4 and 7.</p> <p>Findings include:</p> <p>1. Resident 1 was admitted to the facility on</p>	F 278			

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F 278	<p>Continued From page 3</p> <p>1/26/04 with diagnoses that included hypothyroidism, dementia and a seizure disorder.</p> <p>Resident 1's medical record was reviewed on 8/28/07.</p> <p>Resident 1 had a quarterly MDS assessment dated 6/25/07. Section R2b had a typed date to indicate that the registered nurse coordinator had signed section R2a on 6/26/07. Section R2a had a typed name instead of the registered nurse coordinator's signature.</p> <p>2. Resident 4 was admitted to the facility on 8/1/03 with diagnoses that included dementia, hypertension, esophageal reflux and dysphagia.</p> <p>Resident 4's medical record was reviewed on 8/27/07.</p> <p>Resident 4 had a quarterly MDS dated 6/15/07. Section R2b had a typed date to indicate that the registered nurse coordinator had signed section R2a on 6/15/07. Section R2a had a typed name instead of the registered nurse coordinator's signature.</p> <p>3. Resident 7 was admitted to the facility on 1/13/07 with diagnoses that included pre-senile dementia, insomnia, constipation and Alzheimer's disease.</p> <p>Resident 7's medical record was reviewed on 8/28/07.</p> <p>Resident 7 had a quarterly MDS assessment dated 7/09/07. Section R2b had a typed date to indicate that the registered nurse coordinator, had signed section R2a on 7/09/07. Section R2a had</p>	F 278			

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F 278	Continued From page 4 a typed name instead of the registered nurse coordinators signature.	F 278			
F 309 SS=G	483.25 QUALITY OF CARE 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility did not provide the care and services necessary to attain or maintain the highest practicable physical well-being. Specifically the facility did not follow the facilities bowel management program for 3 of 13 sample residents. Resident identifiers: 1, 10 and 12. Findings include: 1. Resident 1 was admitted to the facility on 1/26/04 with diagnoses that included hypothyroidism, dementia and a seizure disorder. Resident 1's medical record was reviewed on 8/28/07. Resident 1's physician orders for the month of January 2007 had the following orders for bowel care: A. Citracel 1 tablespoon in water by mouth everyday B. Colace Liquid 100 milligrams by mouth twice a	F 309		10/1/07	

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F 309	<p>Continued From page 5</p> <p>day</p> <p>C. Bowel Movement check every shift</p> <p>D. Milk of Magnesia 30 cc's by mouth as needed if no bowel movement in two days</p> <p>E. Dulcolax suppository 1 per rectum as needed if no result from Milk of Magnesia in 24 hours</p> <p>F. Fleet Enema 1 per rectum as needed if no result from Dulcolax suppository in 12 hours, notify physician</p> <p>Resident 1's Care Plan was reviewed on 8/29/07. On 1/9/07 the facility identified resident 1 as being at risk for constipation. The facility initiated the following interventions:</p> <ol style="list-style-type: none"> 1. Encourage out of bed as tolerated 2. Monitor bowel movements every shift 3. Monitor for abdominal distension, hypoactive or absent bowel sounds and address promptly. 4. Administer stool softeners as ordered 5. Administer laxative as ordered <p>Resident 1's MAR (Medication Administration Record) for January 2007 revealed the following regarding resident 1's bowel care.</p> <p>On 1/13/07 resident 1 had a large bowel movement on the day shift. Resident 1 had no documented bowel movements on 1/14/07, 1/15/07 and 1/16/07. There were no documented interventions per resident 1's physician orders or plan of care.</p> <p>Resident 1 had a large bowel movement on 1/19/07 on the night shift. Resident 1 had no documented bowel movements on 1/20/07, 1/21/07, 1/22/07 or 1/23/07. There were no documented interventions per resident 1's physician orders or plan of care.</p> <p>A nurse's note dated 1/24/07 at 5:30 AM stated the following: "CNA's (Certified Nursing</p>	F 309			

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F 309	<p>Continued From page 6</p> <p>Assistants) went in to check pt. (patient) Pt was less responsive than normal. O2 (oxygen) taken it was 42(percentage of oxygen saturation) RA (room air)... Pt. taken to the hospital via ambulance."</p> <p>The emergency room "Nursing Observation Record" dated 1/24/07 documented the following: 8:10 AM- "Pt c (with) large amount loose foul smelling stool notified MD (Medical Doctor)" 10:45 AM- "In to check pt. noted BM (bowel movement) lodged in rectum rectal exam notes rectal vault impacted c stool notified MD. Disimpacted copious amounts of formed stool"</p> <p>The Emergency Room Report documented under "Final Assessment" resident 1 had dehydration and a fecal impaction as her diagnoses.</p> <p>Per facility "Interdisciplinary Progress Notes" nursing documented that resident 1 returned to the facility at 2:20 PM. According to resident 1's MAR resident 1 had a small bowel movement during the night shift on 1/24/07. There were no bowel movements documented for resident 1 on 1/25/07, 1/26/07, 1/27/07, 1/28/07 and 1/29/07. There were no documented interventions per resident 1's physician orders or plan of care.</p> <p>There was no documentation in the nurses notes from 1/14/07 through 1/16/07, 1/19/07 through 1/24/07, and 1/25/07 through 1/30/07 regarding resident 1's assessment of bowel status by the facility nursing staff.</p> <p>An interview was conducted with the ADON (Assistant Director of Nursing) on 8/29/07 at 3:15 PM. The ADON was asked about the facilities bowel program the ADON stated that resident 1</p>	F 309			

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F 309	<p>Continued From page 7</p> <p>was on the standard bowel program for the facility. The ADON was asked if he was aware of resident 1's fecal impaction. The ADON stated he was aware resident 1 went to the hospital for a fecal impaction but was not aware that she did not have a bowel movement for 5 days after her fecal impaction without the physician ordered bowel program being implemented.</p> <p>2. Resident 10 was admitted to the facility on 5/10/03 with diagnoses which included constipation, senile delusion, hypothyroidism, hyperlipidemia, esophageal reflux and congestive heart failure.</p> <p>On 8/30/07 during the annual recertification survey of the facility, resident 10's medical record was reviewed.</p> <p>Resident 10's physicians recertification orders for the month of February, March, April and May 2007 had the following orders for bowel care:</p> <p>A. Bowel Movement check every shift B. Milk of Magnesia 30 cc's by mouth as needed if no bowel movement in two days D. Dulcolax suppository 1 per rectal as needed if no result from Milk of Magnesia in 24 hours E. Fleet Enema 1 per rectal as needed if no result from Dulcolax suppository in 12 hours, notify physician</p> <p>Resident 10's Care Plan was reviewed on 8/30/07.</p> <p>The facility identified resident 10 as being at risk for constipation with an origin of 5/07/06. The facility initiated the following interventions:</p> <ol style="list-style-type: none"> 1. Encourage out of bed as tolerated 2. Monitor BM every shift 3. Monitor for abdominal distension, hypoactive 	F 309			

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F 309	<p>Continued From page 8</p> <p>or absent bowel sounds and address promptly if noted.</p> <p>4. Administer stool softeners as ordered</p> <p>5. Administer laxative as ordered</p> <p>Resident 10's MAR for February 2007 revealed the following regarding resident 10's bowel care. On 2/24/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 2/25/07, 2/26/07, 2/27/07 and 2/28/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large bowel movement on 3/01/07 on the day shift.</p> <p>Resident 10's MAR for March and April 2007 revealed the following regarding resident 10's bowel care.</p> <p>On 3/31/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 4/01/07, 4/02/07, 4/03/07 and 4/04/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a medium bowel movement on 4/05/07 on the day shift.</p> <p>On 4/13/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 4/14/07, 4/15/07, 4/16/07, 4/17/07 and 4/18/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a medium bowel movement on 4/19/07 on the day shift.</p> <p>On 4/21/07 resident 10 had a medium bowel</p>	F 309			

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F 309	<p>Continued From page 9</p> <p>movement on the day shift. Resident 10 had no documented bowel movements on 4/22/07, 4/23/07, 4/24/07, and 4/25/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large bowel movement on 4/26/07 on the day shift.</p> <p>Resident 10's MAR for April and May 2007 revealed the following regarding resident 10's bowel care.</p> <p>On 4/29/07 resident 10 had a large bowel movement on the day shift. Resident 10 had no documented bowel movements on 4/30/07, 5/01/07, and 5/02/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large and a medium bowel movement on 5/03/07.</p> <p>On 5/05/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 5/06/07, 5/07/07, 5/08/07, and 5/09/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large bowel movement on 5/10/07 on the day shift.</p> <p>On 5/12/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 5/13/07, 5/14/07, 5/15/07, and 5/16/07 on the day shift. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large bowel movement on 5/16/07 on the night shift.</p>	F 309			

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F 309	<p>Continued From page 10</p> <p>Resident 10's physicians recertification orders for the month of June, July and August 2007 had the following orders for bowel care:</p> <p>A. Milk of Magnesia 30 cc's by mouth as needed if no bowel movement in three days D. Dulcolax suppository 1 per rectal as needed if no result from Milk of Magnesia in 24 hours E. Fleet Enema 1 per rectal as needed if no result from Dulcolax suppository in 4 hours, notify physician</p> <p>Resident 10's MAR for June 2007 revealed the following regarding resident 10's bowel care.</p> <p>On 6/08/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 6/09/07, 6/10/07, 6/11/07, 6/12/07 and 6/13/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a medium bowel movement on 6/14/07 on the night shift.</p> <p>Resident 10's MAR for June and July 2007 revealed the following regarding resident 10's bowel care.</p> <p>On 6/30/07 resident 10 had a medium bowel movement on the day shift. Resident 10 had no documented bowel movements on 7/01/07, 7/02/07, 7/03/07, and 7/04/07. There were no documented interventions per resident 10's physician orders or plan of care. Resident 10 had a large bowel movement on 7/05/07 on the day shift. Resident 10 had no documented bowel movements on 7/06/07, 7/07/07, 7/08/07, 7/09/07, 7/10/07 and 7/11/07. The nursing staff</p>	F 309			

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F 309	<p>Continued From page 11</p> <p>documented administering 30 cc Milk of Magnesia on 7/09/07 and no other interventions were administered as per resident 10's physician orders or plan of care. Resident 10 had a medium bowel movement on 7/12/07 and an extra large bowel movement on 7/13/07.</p> <p>On 7/24/07 resident 10 had a medium bowel movement on the night shift. Resident 10 had no documented bowel movements on 7/25/07, 7/26/07, 7/27/07, 7/28/07 and 7/29/07 up until 3:00 PM. There were no documented interventions per resident 10's physician orders or plan of care.</p> <p>Resident 10's interdisciplinary progress notes from 4/30/07 through 8/29/07 were reviewed. Resident 10's interdisciplinary progress notes reveled no assessments or intervention for resident 10's constipation.</p> <p>3. Resident 12 was admitted to the facility on 5/24/07 with diagnoses that included: constipation, diabetes mellitus, hypertension, nutritional deficiencies, hypoxemia and obstructive hydrocephalus.</p> <p>On 8/30/07 during the annual recertification survey of the facility, resident 12's medical record was reviewed.</p> <p>Resident 12's physicians recertification orders for the month of June, July and August 2007 had the following orders for bowel care:</p> <p>A. Colace 100 milligrams two times daily B. Milk of Magnesia 30 cc's by mouth as needed if no bowel movement in three days D. Dulcolax suppository 1 per rectal as needed if</p>	F 309			

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F 309	<p>Continued From page 12</p> <p>no result from Milk of Magnesia in 24 hours E. Fleet Enema 1 per rectal as needed if no result from Dulcolax suppository in 4 hours, notify physician</p> <p>Resident 12's MAR for June 2007 revealed the following regarding resident 12's bowel care. On 6/08/07 resident 12 had a medium bowel movement on the day shift. Resident 12 had no documented bowel movements on 6/09/07, 6/10/07, 6/11/07 and 6/12/07. There were no documented interventions per resident 12's physician orders. Resident 12 had a large bowel movement on 6/13/07 on the day shift.</p> <p>Resident 12's MAR for July and August 2007 revealed the following regarding resident 12's bowel care. On 7/27/07 resident 12 had a extra large bowel movement on the night shift. Resident 12 had no documented bowel movements on 7/28/07, 7/29/07, 7/30/07, 7/31/07 and 8/01/07. There were no documented interventions per resident 12's physician orders. Resident 12 had a medium bowel movement on 8/02/07 on the day shift.</p> <p>Resident 12's interdisciplinary progress notes from June 2007 through August 2007 were reviewed. Resident 12's interdisciplinary progress notes reveled no assessments or intervention for resident 12's constipation.</p> <p>An interview was conducted with Registered Nurse (RN) 1 on 8/30/07 at 10:10 AM. RN 1 stated that the nurse reviews the bowel tracking record each shift. RN 1 then stated that when needed, the nurse assesses the patient for bowel</p>	F 309			

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F 309	Continued From page 13 sounds and comfort but the nurse does not document the assessment unless the patient has a fecal impaction or something major.	F 309			
F 325 SS=G	483.25(i)(1) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of records, the facility did not ensure that 2 of 13 sample residents maintained acceptable parameters of nutritional status and did not intervene when residents experienced weight loss. Resident identifiers 3 & 10. Findings include: Resident 10 was admitted to the facility on 5/10/03 with diagnoses which included senile delusion, hypothyroidism, hyperlipidemia, constipation, esophageal reflux and congestive heart failure. On 8/30/07 during the annual recertification survey of the facility, resident 10's medical record was reviewed, including the weight sheet for January through August of 2007, and dietary progress notes. Resident 10's weight worksheet from January 2007 through August of 2007 revealed the resident weighed:	F 325		10/1/07	

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F 325	Continued From page 14 A. 180.80 lbs (pounds) on January 2, 2007 B. 180.20 lbs on February 5, 2007 C. 179.20 lbs on March 4, 2007 D. 165.5 lbs on April 2, 2007 Resident 10 experienced a 13.7 lbs (7.6%) weight loss from March 4 to April 2 and a significant cumulative weight loss of 15.3 lbs (8.49%) for the three month period between January and April. E. 155.6 lbs on May 7, 2007 Resident 10 experienced a 9.9 lbs significant weight loss (5.98%) for the 37 day period F. 154.4 lbs on June 4, 2007 G. 150.9 lbs on July 5, 2007 Resident 10 experienced a 3.5 lbs weight loss from June 4 to July 5 and an additional significant cumulative weight loss of 14.6 lbs (8.82%) for the three month period between April and July. H. 143.4 lbs on August 2, 2007 Resident 10 experienced an 8 lbs (5.3%) weight loss from July 5 to August 2 and a significant cumulative weight loss of 12.7 lbs (8.16%) for the three month period between May and August and a 6 month severe cumulative weight loss of 36.8 lbs (20.42%) for February to August. I. 142.9 lbs August 8, 2007 J. 142.3 lbs August 16, 2007 K. 144.6 lbs August 23, 2007 a 2.3 pound weight gain in a 1 week period. The Registered Dietician documented in Resident 10's nutritional note on 4/24/07 resident 10's diet was regular with no supplements, and documented the following weights and dates: 180.7 lbs Feb 5, 2007 177.8 lbs March 19, 2007 159.5 lbs April 16, 2007	F 325			

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F 325	<p>Continued From page 15</p> <p>Resident 10's Nutrition Committee Review form dated 5/3/07 noted a weight loss. The interdisciplinary team (IDT) planned intervention was to "obtain a t.o. (telephone order) for 2.0 (supplement) to be given".</p> <p>Resident 10's Medication Administration Record (MAR) for May 2007 revealed 60 milliliters of supplement was to be administered three times a day beginning on 5/03/07.</p> <p>The Registered Dietician documented in Resident 10's nutritional note on 7/9/07 a weight loss and documented that resident 10 was already receiving 60 milliliters of supplement three times daily. In the comments section it was noted to increase resident 10's supplement to 90 milliliters three times a day and add snacks.</p> <p>No changes to the supplement orders were noted on resident 10's July 2007 MAR. It was documented that resident 10 was to be offered 60 milliliters supplement three times daily.</p> <p>Resident 10's Nutrition Committee Review form dated 8/9/07 noted a weight loss. The IDT did not identify possible cause or an intervention, the conclusion and plan section had been left blank.</p> <p>The nursing staff documented on resident 10's August 2007 MAR that the resident was being offered 90 milliliters of supplement and snack three times a day beginning 8/15/07.</p> <p>The recommendation to increase the supplement and add snacks was given on 7/9/07. Resident 10 did not receive the increased supplement and snacks until 8/15/07 which was 37 days later. Resident 10 gained 2.3 pounds from August 16 to</p>	F 325			

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F 325	<p>Continued From page 16</p> <p>August 23 with the increased supplements and snacks.</p> <p>2. Resident 3 was admitted to the facility on 4/26/04 with diagnoses that included quadriplegia, esophageal reflux, insomnia and cerebral palsy.</p> <p>Resident 3's medical record was reviewed on 8/28/07 including the weight sheet for May through August of 2007.</p> <p>Resident 3's weight worksheet from May 2007 through August of 2007 revealed the resident weighed:</p> <ul style="list-style-type: none"> A. 156.6 lbs on May 7, 2007 B. 153.3 lbs on May 14, 2007 C. 151.0 lbs on May 21, 2007 D. 152.1 lbs on May 28, 2007 E. 148.8 lbs on June 4, 2007 F. 134 lbs on June 11, 2007 G. 150.9 lbs on June 18, 2007 <p>There is no documentation that resident 3 has been weighed since June 18, 2007.</p> <p>On 8/28/07 the surveyor asked the transportation aide, who is in charge of weighing residents, to weigh resident 3. The transportation aide reported to the surveyor that resident 3 weighed 121.1 pounds.</p> <p>According to facility documentation resident 3 experienced a 29.8 lbs (19.8%) weight loss from June 18 through August 28, 2007.</p> <p>An interview was held on 8/29/07 at 10:20 AM</p>	F 325			

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F 325	<p>Continued From page 17</p> <p>with the facilities transportation aide. The transportation aide has been doing all the weights in the facility for about a year. The transportation aide was asked if she weighed resident 3 differently on 8/28/07 compared to resident 3's previous weight on 6/18/07. The transportation aide stated that she weighs resident 3's wheelchair then weighs resident 3 in the wheelchair and subtracts the weight of the wheelchair. The transportation aide also stated that resident 3 currently has a different wheelchair than she did in June.</p> <p>LPN (Licensed Practical Nurse) 2 was interviewed on 8/29/07 at 10:35 AM. LPN 2 was asked about resident 3's documented weight loss. LPN 2 stated that he was not aware of resident 3 experiencing any weight loss. LPN 2 was asked how resident 3 ate at meal time. LPN 2 stated that resident 3 eats 80-100% of her meals in the assistive dining room. LPN 2 stated that resident 3's electric wheelchair broke in June and that resident 3 now has a different electric wheelchair which could affect resident 3's weight.</p> <p>CNA 4 was interviewed on 8/29/07 at 10:50 AM regarding resident 3. CNA 4 was asked if he was aware of resident 3 having any weight loss. CNA 4 stated that resident 4 has felt the same weight during transfers for the last several months.</p> <p>The ADON (Assistant Director of Nursing) was interviewed on 8/29/07 at 3:15 PM. The ADON was asked if he was aware of resident 3 experiencing any weight loss and her weekly and monthly weights not being documented. The ADON stated that resident 3's weights have been stable and he was not aware of resident 3 having a significant weight loss. The ADON was not</p>	F 325			

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F 325	Continued From page 18	F 325			
F 332	aware that the last time resident 3 had a documented weight was 6/18/07.				
SS=D	483.25(m)(1) MEDICATION ERRORS The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on record reviews, it was determined that facility staff did not ensure that each resident's drug regimen was free of significant medication errors. The facility did not assure the accurate dispensing or administering of insulin as ordered by the physician to meet the needs of each resident. This occurred for 1 of 13 sample residents, who received sliding scale insulin. Resident identifier 12 Findings include: 1. Resident 12 was admitted to the facility on 5/24/07 with diagnoses that included: diabetes mellitus, hypertension, nutritional deficiencies, hypoxemia and obstructive hydrocephalus. On 8/30/07, a review of resident 12's medical record was completed. Resident 12's insulin administration records from July 1 through August 22, 2007 revealed 90 occurrences when Novolin insulin should have been administered and was not. The record also revealed 4 instances when the incorrect dose of Novolin insulin was administered. Resident 12 had a physician recertification order,	F 332	10/1/07		

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F 332	<p>Continued From page 19</p> <p>dated 6/29/07, for capillary blood glucose checks four times per day. Novolin R (regular) human insulin was to be administered based on the blood sugar results according to the following sliding scale:</p> <p>60-120 = 0 units 121 - 150 = 4 units 151 - 180 = 6 units 181 - 210 = 8 units 211 - 250 = 10 units 251 - 300 = 12 units 301 - 400 = 14 units >400 = Call MD</p> <p>Resident 12's Medication Administration Record (MAR) for July and August 2007 were reviewed, and revealed the following:</p> <p>On 7/01/07, it was documented at 8:00 PM, that resident 12's blood glucose was 146. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/02/07, it was documented at 8:00 AM, that resident 12's blood glucose was 151. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 7/02/07, it was documented at 12:00 PM, that resident 12's blood glucose was 143. There was documentation that Resident 12 received 6 units of Novolin insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/02/07, it was documented at 5:00 PM, that resident 12's blood glucose was 140. There was</p>	F 332			

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F 332	<p>Continued From page 20</p> <p>no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/02/07, it was documented at 8:00 PM, that resident 12's blood glucose was 244. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 10 units of Novolin insulin.</p> <p>On 7/03/07, it was documented at 12:00 PM, that resident 12's blood glucose was 126. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/03/07, it was documented at 8:00 PM, that resident 12's blood glucose was 190. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/04/07, it was documented at 8:00 AM, that resident 12's blood glucose was 140. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/04/07, it was documented at 12:00 PM, that resident 12's blood glucose was 164. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 7/04/07, it was documented at 5:00 PM, that resident 12's blood glucose was 259. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 12 units of Novolin insulin.</p>	F 332			

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F 332	Continued From page 21 On 7/05/07, it was documented at 8:00 AM, that resident 12's blood glucose was 146. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/05/07, it was documented at 12:00 PM, that resident 12's blood glucose was 162. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/05/07, it was documented at 5:00 PM, that resident 12's blood glucose was 142. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/06/07, it was documented at 8:00 PM, that resident 12's blood glucose was 150. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/07/07, it was documented at 8:00 AM, that resident 12's blood glucose was 138. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/07/07, it was documented at 5:00 PM, that resident 12's blood glucose was 142. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/07/07, it was documented at 8:00 PM, that resident 12's blood glucose was 211. There was	F 332			

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F 332	<p>Continued From page 22</p> <p>documentation that Resident 12 received 8 units of Novolin insulin. Resident 12 should have received 10 units of Novolin insulin.</p> <p>On 7/08/07, it was documented at 8:00 AM, that resident 12's blood glucose was 129. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/08/07, it was documented at 5:00 PM, that resident 12's blood glucose was 133. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/09/07, it was documented at 5:00 PM, that resident 12's blood glucose was 152. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 7/09/07, it was documented at 8:00 PM, that resident 12's blood glucose was 189. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/10/07, it was documented at 12:00 PM, that resident 12's blood glucose was 126. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/10/07, it was documented at 5:00 PM, that resident 12's blood glucose was 180. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p>	F 332			

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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	
F 332	Continued From page 23 On 7/10/07, it was documented at 8:00 PM, that resident 12's blood glucose was 204. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin. On 7/11/07, it was documented at 12:00 PM, that resident 12's blood glucose was 127. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/11/07, it was documented at 5:00 PM, that resident 12's blood glucose was 162. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/11/07, it was documented at 8:00 PM, that resident 12's blood glucose was 201. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin. On 7/12/07, it was documented at 8:00 AM, that resident 12's blood glucose was 138. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/12/07, it was documented at 12:00 PM, that resident 12's blood glucose was 129. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/12/07, it was documented at 5:00 PM, that resident 12's blood glucose was 162. There was	F 332			

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F 332	<p>Continued From page 24</p> <p>no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 7/13/07, it was documented at 8:00 AM, that resident 12's blood glucose was 149. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/13/07, it was documented at 12:00 PM, that resident 12's blood glucose was 125. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/15/07, it was documented at 12:00 PM, that resident 12's blood glucose was 134. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/15/07, it was documented at 5:00 PM, that resident 12's blood glucose was 124. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/16/07, it was documented at 8:00 PM, that resident 12's blood glucose was 187. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/17/07, it was documented at 8:00 PM, that resident 12's blood glucose was 152. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p>	F 332			

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F 332	Continued From page 25 On 7/19/07, it was documented at 8:00 AM, that resident 12's blood glucose was 133. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/19/07, it was documented at 12:00 PM, that resident 12's blood glucose was 140. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/19/07, it was documented at 8:00 PM, that resident 12's blood glucose was 126. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/20/07, it was documented at 8:00 AM, that resident 12's blood glucose was 170. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/20/07, it was documented at 12:00 PM, that resident 12's blood glucose was 221. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 10 units of Novolin insulin. On 7/20/07, it was documented at 5:00 PM, that resident 12's blood glucose was 193. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin. On 7/20/07, it was documented at 8:00 PM, that resident 12's blood glucose was 190. There was	F 332			

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F 332	<p>Continued From page 26</p> <p>no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/22/07, it was documented at 8:00 AM, that resident 12's blood glucose was 184. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/22/07, it was documented at 12:00 PM, that resident 12's blood glucose was 134. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/22/07, it was documented at 5:00 PM, that resident 12's blood glucose was 131. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 7/23/07, it was documented at 5:00 PM, that resident 12's blood glucose was 195. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 7/23/07, it was documented at 8:00 PM, that resident 12's blood glucose was 162. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 7/24/07, it was documented at 12:00 PM, that resident 12's blood glucose was 136. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p>	F 332			

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F 332	Continued From page 27 On 7/24/07, it was documented at 5:00 PM, that resident 12's blood glucose was 165. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/24/07, it was documented at 8:00 PM, that resident 12's blood glucose was 162. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/25/07, it was documented at 5:00 PM, that resident 12's blood glucose was 140. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/26/07, it was documented at 8:00 AM, that resident 12's blood glucose was 129. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/26/07, it was documented at 12:00 PM, that resident 12's blood glucose was 158. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/26/07, it was documented at 5:00 PM, that resident 12's blood glucose was 158. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/27/07, it was documented at 8:00 AM, that resident 12's blood glucose was 134. There was	F 332			

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F 332	Continued From page 28 no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/27/07, it was documented at 12:00 PM, that resident 12's blood glucose was 136. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/27/07, it was documented at 5:00 PM, that resident 12's blood glucose was 154. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 7/27/07, it was documented at 8:00 PM, that resident 12's blood glucose was 128. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/28/07, it was documented at 8:00 AM, that resident 12's blood glucose was 137. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/28/07, it was documented at 12:00 PM, that resident 12's blood glucose was 131. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/28/07, it was documented at 5:00 PM, that resident 12's blood glucose was 134. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.	F 332			

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F 332	Continued From page 29 On 7/29/07, it was documented at 12:00 PM, that resident 12's blood glucose was 125. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/30/07, it was documented at 5:00 PM, that resident 12's blood glucose was 148. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/30/07, it was documented at 8:00 PM, that resident 12's blood glucose was 149. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 7/31/07, it was documented at 5:00 PM, that resident 12's blood glucose was 146. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 8/01/07, it was documented at 8:00 AM, that resident 12's blood glucose was 127. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 8/01/07, it was documented at 5:00 PM, that resident 12's blood glucose was 148. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 8/01/07, it was documented at 8:00 PM, that resident 12's blood glucose was 259. There was	F 332			

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F 332	<p>Continued From page 30</p> <p>documentation that Resident 12 received any 6 units Novolin insulin. Resident 12 should have received 12 units of Novolin insulin.</p> <p>On 8/03/07, it was documented at 8:00 PM, that resident 12's blood glucose was 142. There was documentation that Resident 12 received 2 units Novolin insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/06/07, it was documented at 5:00 PM, that resident 12's blood glucose was 178. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/06/07, it was documented at 8:00 PM, that resident 12's blood glucose was 186. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>On 8/07/07, it was documented at 8:00 AM, that resident 12's blood glucose was 153. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/07/07, it was documented at 12:00 PM, that resident 12's blood glucose was 122. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/07/07, it was documented at 5:00 PM, that resident 12's blood glucose was 240. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 10 units of Novolin insulin.</p>	F 332			

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F 332	Continued From page 31 On 8/07/07, it was documented at 8:00 PM, that resident 12's blood glucose was 168. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 8/08/07, it was documented at 8:00 AM, that resident 12's blood glucose was 202. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin. On 8/08/07, it was documented at 12:00 PM, that resident 12's blood glucose was 153. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 8/08/07, it was documented at 5:00 PM, that resident 12's blood glucose was 195. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin. On 8/08/07, it was documented at 8:00 PM, that resident 12's blood glucose was 140. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin. On 8/13/07, it was documented at 12:00 PM, that resident 12's blood glucose was 157. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin. On 8/13/07, it was documented at 8:00 PM, that resident 12's blood glucose was 162. There was	F 332			

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F 332	<p>Continued From page 32</p> <p>no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/14/07, it was documented at 12:00 PM, that resident 12's blood glucose was 123. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/14/07, it was documented at 5:00 PM, that resident 12's blood glucose was 149. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/14/07, it was documented at 8:00 PM, that resident 12's blood glucose was 146. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/15/07, it was documented at 12:00 PM, that resident 12's blood glucose was 138. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/15/07, it was documented at 8:00 PM, that resident 12's blood glucose was 168. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/20/07, it was documented at 5:00 PM, that resident 12's blood glucose was 141. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p>	F 332			

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F 332	<p>Continued From page 33</p> <p>On 8/20/07, it was documented at 8:00 PM, that resident 12's blood glucose was 246. There was documentation that Resident 12 received 6 units of Novolin insulin. Resident 12 should have received 10 units of Novolin insulin.</p> <p>On 8/21/07, it was documented at 8:00 AM, that resident 12's blood glucose was 127. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/21/07, it was documented at 5:00 PM, that resident 12's blood glucose was 174. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/21/07, it was documented at 8:00 PM, that resident 12's blood glucose was 152. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 6 units of Novolin insulin.</p> <p>On 8/22/07, it was documented at 8:00 AM, that resident 12's blood glucose was 137. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 4 units of Novolin insulin.</p> <p>On 8/22/07, it was documented at 8:00 PM, that resident 12's blood glucose was 201. There was no documentation that Resident 12 received any insulin. Resident 12 should have received 8 units of Novolin insulin.</p> <p>The Assistant Director of Nurses (ADON) was interviewed on 8/30/04 at 10:25 AM. The ADON</p>	F 332			

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F 332	Continued From page 34	F 332		
F 334 SS=B	<p>483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that --</p> <p>(i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;</p>	F 334		9/20/07

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F 334	<p>Continued From page 35</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicated, at a minimum, the following:</p> <p>(A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and interview, it was determined that the facility did not ensure that residents or their responsible party received education related to the benefits associated with the influenza immunizations, for 5 of 13 sample residents. Resident identifiers 1, 3, 5, 6, and 7.</p> <p>Findings include:</p>	F 334			

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F 334	<p>Continued From page 36</p> <p>1. Resident 1 was admitted to the facility on 1/26/04 with diagnoses that included seizure disorder, dementia, and hypothyroidism.</p> <p>Resident 1's medical record was reviewed on 8/28/07.</p> <p>Resident 1 received the influenza vaccine on 10/16/06, the facility's Influenza Immunization Informed Consent did not provide the resident and/or responsible party any information on the benefits of the immunization.</p> <p>2. Resident 3 was admitted to the facility on 4/26/04 with diagnoses that included cerebral palsy, quadriplegia, insomnia, constipation and depression.</p> <p>Resident 3's medical record was reviewed on 8/28/07.</p> <p>Resident 3 received the influenza vaccine on 10/16/06, the facility's Influenza Immunization Informed Consent did not provide the resident and/or responsible party any information on the benefits of the immunization.</p> <p>3. Resident 5 was admitted to the facility on 1/3/04 with diagnoses that included morbid obesity, peripheral vascular disease, anemia, hypothyroidism, osteoarthritis, asthma and insomnia.</p> <p>Resident 5's medical record was reviewed on 8/27/07.</p> <p>Resident 5 received the influenza vaccine on 10/14/06, the facility's Influenza Immunization</p>	F 334			

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F 334	Continued From page 37 Informed Consent did not provide the resident and/or responsible party any information on the benefits of the immunization. 4. Resident 6 was admitted to the facility on 3/25/05 with diagnoses that included convulsions, failure to thrive-adult, cerebral ischemia, vascular dementia, and anxiety with depression. Resident 6's medical record was reviewed on 8/27/07. Resident 6 received the influenza vaccine on 10/14/06, the facilities Influenza Immunization Informed Consent did not provide the resident and/or responsible party any information on the benefits of the immunization. 5. Resident 7 was admitted to the facility on 1/13/07 with diagnoses that included pre-senile dementia, insomnia, constipation and Alzheimer's disease. Resident 7's medical record was reviewed on 8/27/07. Resident 7 received the influenza vaccine on 1/26/07, the facility's Influenza Immunization Informed Consent did not provide the resident and/or responsible party any information on the benefits of the immunization. In an interview with the ADON (Assistant Director of Nursing), on 8/28/07 at 10:30 AM, he confirmed that the Informed Consent did not include the benefits of the influenza vaccination.	F 334			
F 354 SS=D	483.30(b) NURSING SERVICES - REGISTERED NURSE	F 354		9/20/07	

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F 354	<p>Continued From page 38</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.</p> <p>The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility designated director of nursing, did not work at the facility on a full time basis.</p> <p>An interview was held, on 8/29/07 at 3:30 PM, with the facility administrator. The administrator stated that the DON (Director of Nursing) was working 15 hours a week.</p> <p>An interview was held, on 8/28/07 at 10:30 AM, with the ADON (Assistant Director of Nursing). The ADON stated that he did not know how many hours the DON worked and that she took the job knowing that he would be the DON after he gets his RN (registered nurse) in December 2007.</p> <p>During the survey process the DON was observed in the facility on 8/28/07 and during exit on 8/30/07.</p> <p>On the Long Term Care Facility Application for</p>	F 354			

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F 354	Continued From page 39 Medicare and Medicaid, (form 671) the facility documented that the DON worked 30 hours per pay period (2 week pay period) at the facility. This form was filled out and signed by the administrator.	F 354		
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Based on observation and interview it was determined that the facility did not store, prepare, distribute or serve food under sanitary conditions. Findings include: 1. On 8/27/07 at 8:10 AM, the following observations were made in the facility kitchen: a. Dry storage area -Bin labeled thickener dated 5/30/06 -Bin labeled non fat dry milk dated 8/10/05 -Bin labeled brown sugar dated 6/05/06 -Bin labeled sugar dated 11/22/06 -Bin labeled flour dated 11/21/06 b. Walk in fridge -Dispensing container with red liquid in it was labeled diet punch dated 5/21/07 -2.5 pound turkey ham labeled use or freeze by 8/15/07 c. Floor in kitchen	F 371		9/28/07

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F 371	<p>Continued From page 40</p> <ul style="list-style-type: none"> -Garbage under ice machine -edges along walk in fridge has built up greasy substance -edges/door jambs by door way to office built up greasy substance and missing tile <p>d. Freezer</p> <ul style="list-style-type: none"> -4 bowls uncovered, unlabeled frozen sherbet -3 packages sliced beef not labeled or dated <p>e. Juice machine nozzle holder has built up sticky substance</p> <p>f. A collection of grime and food particles on wall and door around large garbage can next to double doors.</p> <p>2. On 8/28/07 at 10:45 AM, the following observations were made in the facility kitchen:</p> <ul style="list-style-type: none"> a. Dry storage area <ul style="list-style-type: none"> -Bin labeled thickener dated 5/30/06 -Bin labeled non fat dry milk dated 8/10/05 -Bin labeled brown sugar dated 6/05/06 -Bin labeled sugar dated 11/22/06 -Bin labeled flour dated 11/21/06 <p>Dietary Manager (DM) stated that the dates on the bins are not the dates the dry items were delivered or opened. DM was unsure of the dates the items were opened or delivered.</p> <ul style="list-style-type: none"> b. Walk in fridge <ul style="list-style-type: none"> -2.5 pound turkey ham labeled use or freeze by 8/15/07 <p>DM stated she thought the turkey ham was pulled from the freezer the past weekend, but did not have a pulled date on it.</p>	F 371			

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F 371	Continued From page 41 3 & 1/2 packages of roast beef, one dated 7/12 others have no date DM stated the 7/12 date was the pulled date for the roast beef Box of lunch meat 3/4 full not dated or sealed c. Floor in kitchen -garbage under ice machine -edges along walk in fridge has built up greasy substance -edges/door jambs by door way to office built up greasy substance and missing tile. d. Freezer -Box of diced ham, box and inside bag open e. Juice machine nozzle holder has built up sticky substance f. A collection of grime and food particles on wall and door around large garbage can next to double doors.	F 371			
F 496 SS=B	483.75(e)(5)-(7) REQUIRED TRAINING OF NURSING AIDES Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless the individual is a full-time employee in a training and competency evaluation program approved by the State; or the individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.	F 496		9/20/07	

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F 496	<p>Continued From page 42</p> <p>Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act the facility believes will include information on the individual.</p> <p>If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on a review of employee files and a review of the facility's policies and procedures on abuse, it was determined that the facility did not implement procedures that included an investigation for a history of abuse, neglect or mistreating residents prior to allowing nurse aide staff to provide direct care to residents. The facility did not obtain Certified Nurse Aide (CNA) Registry verification for 4 of 5 CNA's reviewed. Staff identifiers: CNA 1, CNA 2, CNA 3, and CNA 4.</p> <p>Findings include:</p> <p>On 8/27/07, a list of current, new employees was obtained and their files were reviewed to determine the date the facility obtained CNA Registry verification and also the date in which</p>	F 496		

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F 496	Continued From page 43 the employee began providing direct care to residents. CNA 1 began providing direct care to residents on 7/29/07. Per documentation, the facility did not obtain CNA Registry verification until 8/29/07. CNA 2 began providing direct care to residents on 6/27/07. Per documentation, the facility did not obtain CNA Registry verification until 7/6/07. CNA 3 began providing direct care to residents on 5/25/07. Per documentation, the facility did not obtain CNA Registry verification until 5/31/07. CNA 4 began providing direct care to residents on 2/21/07. Per documentation, the facility did not obtain CNA Registry verification until 2/28/07.	F 496			
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 on record review and interview, it was determined that the facility did not maintain medical records on each resident that were	F 514		9/20/07	

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F 514	<p>Continued From page 44</p> <p>complete or accurately documented for 3 of 13 sample residents. Specifically 2 residents had medical records in their medical records that belonged to other residents and one resident was missing an MAR (medication administration record). Resident identifier 2, 7, and 10.</p> <p>Findings include:</p> <p>1. Resident 7 was admitted to the facility on 1/13/07 with diagnoses that included pre-senile dementia, insomnia, constipation and Alzheimer's disease.</p> <p>Resident 7's medical record was reviewed on 8/27/07.</p> <p>Resident 7's physicians recertification orders for August 2007 were reviewed. Resident 7's August 2007 MAR did not include the following medications and supplement: med pass 2.0 120 cc 3 times per day (supplement) haldol 5 milligrams by mouth every 4 to 6 hours as needed Milk of Magnesia 30 cc by mouth if no bowel movement for 3 days as needed dulcolax suppository as needed if no result from Milk of Magnesia in 24 hours fleet enema as needed if no result from dulcolax in 4 hours</p> <p>An interview was conducted with licensed practical nurse (LPN) 2 on 8/27/07 at 10:30 AM. LPN 2 stated that he was not aware that resident 7's MAR did not include the medications or the supplement. LPN 2 stated that resident 7 had not received the med pass supplement or the medications from him since the end of July 2007.</p>	F 514			

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F 514	<p>Continued From page 45</p> <p>2. Resident 10 was admitted to the facility on 5/10/03 with diagnoses which included senile delusion, hypothyroidism, hyperlipidemia, constipation, esophageal reflux and congestive heart failure.</p> <p>On 8/30/07 during the annual recertification survey of the facility, resident 10's medical record was reviewed, including resident's overflow medical record.</p> <p>Resident 10's overflow medical record had 2 weight records pages, a vital signs sheet, 3 pages of physicians recertification orders, a page of physicians telephone orders, and a physical therapy evaluation that belonged to another resident.</p> <p>In an interview with Assistant Director of Nurses, on 8/30/07 at 10:25 AM, he confirmed that the forms that were in resident 10's overflow medical record belonged to another resident at the facility.</p> <p>3. Resident 2 was admitted to the facility on 11/14/05 with diagnoses that included convulsions, deaf mutism, osteoarthritis, hypertension, antisocial personality, depressive disorder, and manic depressive bipolar.</p> <p>Resident 2's medical record was reviewed on 8/28/07.</p> <p>Resident 2's medical record had three SRS (specialized rehabilitation service) forms present in the active record, two of the SRS's belonged to other residents at the facility.</p>	F 514			

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F 514	Continued From page 46 In an interview with LPN 1 (Licensed Practical Nurse), on 8/29/07 at 9:00 AM, she confirmed that two of the SRS's that were in resident 2's medical record belong to other residents at the facility.	F 514		