

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

PRINTED: 01/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/21/2007
NAME OF PROVIDER OR SUPPLIER CONCORDIA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7 PROFESSIONAL DRIVE BELLA VISTA, AR 72714	
(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 514} SS=B	<p>483.75(I)(1) CLINICAL RECORDS</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure that physician orders were recorded in an accurate manner for 1 case mix resident (Resident #11) whose clinical records were reviewed through the medication pass. This failed practice had the potential to affect 2 residents that received the medication Roxanol as identified by the Registered Nurse Consultant on 12/21/07. The finding are:</p> <p>Resident #11 had a physician order dated 7/23/07 for Roxanol 5 milligrams (mg) sublingual (SL) every 15 minutes as needed (prn) chest pain or dyspnea unrelieved by another pain medication.</p> <p>a. A telephone physician order dated 12/18/07 documented Roxanol 0.25 mg by mouth (po) every 4 hours scheduled. Roxanol 0.25 mg po every 2 hours prn pain.</p> <p>b. On 12/20/07 at 2:19 p.m., LPN #1 administered Roxanol 20 mg/milliliters (ml) 0.25</p>	{F 514}		12/2/07

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.

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

PRINTED: 01/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/21/2007
NAME OF PROVIDER OR SUPPLIER CONCORDIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7 PROFESSIONAL DRIVE BELLA VISTA, AR 72714		
(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 514}	Continued From page 1 ml (5 mg). c. On 12/20/07 at 3:30 p.m. on review of the physician's telephone order, the surveyor asked LPN #1, "Was the resident to receive 0.25 ml (5 mg) or 0.25 mg?" LPN #1 stated, "The resident's strength did not change just that it was increased to every 4 hours scheduled." d. On 12/20/07 at 4:16 p.m., the Director of Nursing (DON) had the physician's order dated 12/18/07 to the Hospice nurse faxed to the facility. The physician order documented: 1) Increase Roxanol 20 mg/1 ml to 0.25 ml SL every 4 hours routinely. 2) May give Roxanol 0.25 ml (5 mg) SL every 2 hours prn breakthrough pain. e. On 12/20/07 at 5:00 p.m., the DON provided a clarification order dated 12/18/07 that documented: "Increase Roxanol 20 mg/ 1 ml to 0.25 ml SL every 4 hours routinely. May give Roxanol 20 mg/ml 0.25 ml (5 mg) SL every 2 hours prn breakthrough pain."	{F 514}		