

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

PRINTED: 07/13/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045408	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/05/2007
NAME OF PROVIDER OR SUPPLIER GRACE HEALTHCARE OF BENTON			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 ALCOA ROAD BENTON, AR 72015		
(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} SS=E	<p>483.25(m)(1) MEDICATION ERRORS</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation of the 4:00 p.m. medication pass on 7/4/07 and 8:00 a.m. medication pass on 7/5/07 the facility failed to follow physicians orders to ensure that the medication error rate was less than 5%. Physician orders were not followed on 3 (Resident #3, #13 and #14) of 11 residents observed during the medication passes. Medication errors were made by 3 (Licensed Practical Nurse (LPN) #1, #2 and #3) of 8 nurses observed administering medication on 7/4/07 and 7/5/07. This failed practice had the potential to affect 78 residents receiving medications on the 100, 200 and 300 halls according to the Director of Nurses on 7/5/07 at 9:40 a.m. The medication error rate was 6% based on administration of 50 medications and a total of 3 errors. The findings are:</p> <p>1. Resident #3 had a physicians order dated 6/5/07 for Oscal 500 mg. (milligram) plus Vitamin D two times per day.</p> <p>a. On 7/4/07 at 4:26 p.m., LPN #1 administered Citrus Cal 315 mg. plus Vitamin D 200 mg.</p> <p>2. Resident #13 had a physicians order dated 5/17/07 for Geodon 80 mg. with supper meal.</p> <p>a. On 7/4/07 at 4:47 p.m., LPN #2 administered Geodon 80 mg. capsule. The supper meal was</p>	{F 332}		5/6/07	
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 332}	Continued From page 1 not served until 5:30 p.m. 3. Resident #14 had a physicians order dated 6/13/07 for Ferrous Sulfate 325 mg. at bedtime. a. On 7/5/07 at 7:52 a.m. LPN #3 administered Ferrous Sulfate 325 mg. 4. The Director of Nurses stated on 7/5/07 at 9:40 a.m. that the Medication Nurses were assigned to one hall.	{F 332}			