

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

PRINTED: 08/25/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045220	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/17/2006
NAME OF PROVIDER OR SUPPLIER FAYETTEVILLE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 OLD MISSOURI RD FAYETTEVILLE, AR 72703		
(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:</p> <p>Based on observation, record review, and interview of the 8:00 a.m. medication pass on 8/17/06 the facility failed to ensure that the medication error rate was less than 5%. Physicians orders were not followed on 3 residents (Resident #16, 17 and 18) of 7 residents observed during the medication passes. Medication errors were made by 2 Licensed Practical Nurse (LPN #1 and #2) of 3 licensed nurses observed administering medications. The medication error rate was 6.12% based on administration of 48 medications and 1 ommittance with 3 medication errors observed. This failed practice had the potential to affect 40 residents who received medications from these 2 nurses according to the Nursing and Rehab Center Resident Roster Report received from the DON (Director of Nursing) on 8/14/06 at 4:05 p.m. The findings are:</p> <p>1. Resident #16 had a physician order dated 7/26/06 for Potassium Chloride 20 meq (Milliequivalent) one tablet QD (every day).</p> <p>a. On 8/17/06 at 8:03 a.m., LPN #1 crushed the Potassium Chloride 20 meq tablet.</p> <p>b. On 8/17/06 at 10:30 a.m., LPN #1 stated, "I crushed all the medications except the Colace", this included the Potassium Chloride 20 meq</p>	{F 332}			
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}	<p>Continued From page 1 tablet.</p> <p>c. According to the Medication Guide for the Long-Term Care Nurse sixth edition the Medications Not To Be Crushed list documented that KCL should not be crushed due to it being a time release formula.</p> <p>2. Resident #17 had a physician order dated 7/15/06 for Multivitamin 1 tab po (by mouth) qd.</p> <p>a. On 8/17/06 at 8:15 a.m., LPN #1 administered a Multivitamin with minerals with Beta Carotene.</p> <p>b. On 8/17/06 at 10:30 a.m. LPN #1 stated, "I gave a Multivitamin with minerals with Beta Carotene. I've been told that all Multivitamins were the same."</p> <p>3. Resident #18 had a physician order dated 7/26/06 for Albuterol Updraft w (with)/Ipratropium INH (inhalation) q (every) 6 hours PRN (as needed) SOB (shortness of breath) stay w/resident until TX (treatment) complete.</p> <p>On 8/17/06 at 8:25 a.m., LPN #2 entered the resident's room with Ipratropium medication. The Surveyor stopped LPN #2 and ask the LPN to review the MAR (Medication Administration Record). The albuterol updraft was omitted.</p>	{F 332}			