

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

PRINTED: 02/01/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2007
NAME OF PROVIDER OR SUPPLIER BEVERLY LIVINGCENTER - HOT SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 552 GOLF LINKS ROAD HOT SPRINGS, AR 71901	
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F 221 SS=E	<p>483.13(a) PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure prior to application of physical restraints pre-restraint assessments were completed, informed consents were obtained and restraint reduction/elimination assessments were completed for 2 (Residents #9 and #10) and that a physician order was obtained for 1 (Resident #10) of 2 (Residents #9 and #10) case mix residents who were physically restrained. This failed practice had the potential to affect 4 residents who required physical restraints, as identified by the Director of Nursing on 1/12/07. The findings are:</p> <p>1. Resident #10 had diagnoses of Depression, Psychosis secondary to closed head injury and Depressive Disorder. A Quarterly Minimum Data Set (MDS) dated 11/21/06 documented the resident was severely impaired in cognitive skills for daily decision making, required extensive assistance for activities of daily living and required no restraints.</p> <p>a. The resident's plan of care revised on 11/13/06 documented: "Problem: Resident at risk for falls. Interventions: 12/24/2005 - If resident is attempting to crawl OOB (out of bed), assist to RGC (reclined Geri chair) for a period of time. 11/13/06 - 1. Tray table in place at all times."</p>	F 221		

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 221	<p>Continued From page 1</p> <p>b. On 1/8/07 at 10:57 a.m., 1/11/07 at 10:41 a.m., 12:40 p.m., 1:50 p.m. and 3:04 p.m., the resident was in a reclined Geri chair with a table top in place.</p> <p>c. As of 1/11/07 at 11:10 a.m., there was no Physician ' s order, consent form, pre-restraint assessment or restraint reduction/elimination assessment available for review in the resident's clinical record.</p> <p>d. On 1/11/07 at 1:00 p.m., the Director of Nurses searched through the resident's clinical record and was unable to locate a Physician order, consent form or any assessment for the restraint.</p> <p>2. Resident #9 had diagnoses of Alzheimer's Disease, Diabetes, Hypertension and Depressive Disorder. A Quarterly MDS dated 11/16/06 documented the resident was moderately impaired in cognitive skills for daily decision making, required extensive assistance for activities of daily living and required a trunk restraint daily.</p> <p>a. The resident ' s printed Physician's orders dated 1/1/07 - 1/31/07 documented, "9/15/06 Non releasable seat belt when up in w/c (wheel chair) to prevent falls due to confusion every shift."</p> <p>b. The plan of care revised 11/16/06 documented; "8/30/06 Problem: Needs non-releasable seat belt for safety."</p> <p>c. As of 1/9/07 at 9:40 a.m., there was no pre-restraint assessment or restraint reduction/elimination assessment available for review in the resident's clinical record.</p>	F 221			

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F 221	Continued From page 2 d. An "Informed Consent Form for Physical Restraint" dated 5/3/06 documented, "The type of physical restraint recommended is (blank)." e. On 1/8/07 at 11:46 a.m., 1:00 p.m., 2:48 p.m., 3:08 p.m., on 1/9/07 at 7:52 a.m., 2:15 p.m., 4:07 p.m., 5:30 p.m. and on 1/10/07 at 7:45 a.m., 12:03 p.m. and at 1:52 p.m., the resident was up in a wheel chair with a non releasable seat belt in place. f. On 1/11/07 at 1:00 p.m., the Director of Nurses searched through the resident's clinical record and was unable to locate a consent form specifying the restraint or any assessments for the restraint.	F 221			
F 253 SS=B	483.15(h)(2) HOUSEKEEPING/MAINTENANCE The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to ensure hallway ceilings were free of stains, cove base was firmly affixed to walls, sinks were free of leaks, vent fans were secured to the ceiling, shower chairs were free of buildup and the shower grout was free of a black substance. This failed practice had the potential to affect 46 residents that were self-mobile, 17 residents on A Hall, 13 residents on B Hall, 26 residents on E Hall and 43 residents who used C Hall shower, as identified by the Director of Nurses on 1/8/07. The findings are: During the environmental tour conducted with the	F 253			

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F 253	Continued From page 3 Environmental Supervisor on 1/10/07 at 2:05 p.m. the following items were identified: a. The ceiling had a brown circular stain along the center of the hall on A Hall between Resident Rooms 9 and 10, between Resident Rooms 10 and 11, on B Hall between Resident Room 23 and the Boutique and on E Hall between Resident Rooms 52 and 53. b. The Male Restroom on B Hall had the cove base coming loose around the perimeter of the room. c. The Employee ' s restroom on B Hall had a trash can under the sink with approximately 4 -inches of water in the trash can and a cloth under the trash can on the floor. The vent fan in the ceiling was hanging down from the ceiling approximately 6-inches. d. The shower stall (#2) on B Hall had a buildup of a black and brown substance in the grout on the lower 1/2 of the tiles. e. On C Hall, the shower chair had a buildup around all four legs of the chair that was black, brown and orange in color.	F 253		
F 323 SS=E	483.25(h)(1) ACCIDENTS The facility must ensure that the resident environment remains as free of accident hazards as is possible. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to ensure the environment was free of accident hazards as	F 323		

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F 323	Continued From page 4 evidenced by a water fountain that had a sharp metal edge, a shower door with a gouge that exposed splinters, broken tiles in a shower that exposed sharp edges and wood trim around the nursing station that was broken and gouged, exposing splinters. This failed practice had the potential to affect 46 residents that were self-mobile, 17 residents on A Hall, 13 residents on B Hall, 26 residents on E Hall and 43 resident who used C Hall shower, as identified by the Director of Nurses on 1/8/07. The findings are: On 1/10/07 at 2:05 p.m., during the environmental tour conducted with the Environmental Supervisor, the following items were identified: a. The water fountain located between A and B Hall had a rust-colored substance on the metal and an area of metal missing on both bottom corners that was sharp to the touch approximately 4-inches up from the bottom of the casing. b. The B Hall shower door was gouged, approximately 4-feet up from the floor, exposing an area approximately 6-inches that had splintered. c. In the B Hall shower room, shower stall #2 had two tiles on the bottom of the wall separating the showers that were broken exposing sharp edges. d. At the nurse ' s station entrance, the trim was broken, leaving an area of trim approximately 6-inches in length that was splintered.	F 323		
F 325 SS=E	483.25(i)(1) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of	F 325		

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F 325	<p>Continued From page 5</p> <p>nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure an accurate weight assessment was completed, weight discrepancies were followed-up on once a new scale was received, interventions were put in place in a timely manner to prevent further weight loss and residents were gotten out of bed and prepared to receive the noon meal for 1 (Resident #9) and mighty shakes and/or fortified foods were served as ordered for 2 of 2 (Residents #4 and #9) case mix residents. This failed practice had the potential to affect 49 residents at risk for weight loss, as identified by the Director of Nurses on 1/12/07. The findings are:</p> <p>1. Resident #9 had diagnoses of Alzheimer's Disease, Diabetes, Hypertension and Depressive Disorder. A Quarterly Minimum Data Set (MDS) dated 11/16/06 documented the resident was moderately impaired in cognitive skills for daily decision making, required extensive assistance for activities of daily living, required extensive one person assistance for eating and had a weight 240 pounds.</p> <p>a. On 1/9/07 at 8:25 a.m., the "Weight Record" in the resident's clinical record documented the following weights for the resident:</p> <p>7/5/06 - 245# 8/5/06 - 243# 9/5/06 - 240#</p>	F 325			

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F 325	<p>Continued From page 6</p> <p>11/9/06 - 221.5# 11/16/06 - 223.5# 12/27/06 - 222.4#</p> <p>b. On 1/10/07 at 8:22 a.m., the "Weight Record" received from the Administrator documented the following weights:</p> <p>7/06 - 245# 8/06 - 243# 9/06 - 240# 10/06 - 260.61# 11/06 - 221.5# 12/06 - 221#</p> <p>c. On 1/10/07 at 9:25 a.m., the Food Service Supervisor stated he had weekly weights for November; week 1 - 222, week 2 - 224, week 3 - 223, week 4 - 223 and week 5 - 221, 11/15/06 - 223.5, 11/22/06 - 222.6 and 11/29/06 - 222.6. He stated the resident was not on the computer for weekly weights in October and he had no other weekly weights. He stated "He [the resident] has stabilized."</p> <p>d. On 1/11/07 at 8:45 a.m., the Food Service Supervisor stated "I recorded the 260 pound weight; we knew the scales were off. There were no weekly weights done on this resident after we received the new scales." When asked who received weekly weights, he stated, "New residents, residents who have significant weight loss, Medicare residents and Hospice residents, if they are a significant weight loss."</p> <p>e. On 1/10/07 at 9:21 a.m., the Restorative Certified Nurses Aide (RCNA) stated he was the one who did the resident's weights. He had done the weights since the beginning of October and</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>the facility did have a problem with the weights in October. They had someone come in and work on the scales, had them calibrated a couple of times, and then were told the scales were broken and they had to get new scales in December. He stated all the weekly weights prior to January were on the resident's medical records. He stated the weight he got is the one documented on the resident ' s clinical record, if a discrepancy was noted, he took the person off the scales and weighed them again, right then. If there was a large discrepancy, he then took it to the Food Service Supervisor.</p> <p>f. On 1/10/07 at 8:58 a.m., the Administrator stated, "It was the first of November that we noticed a problem with the weights. We weighed all the residents weekly times 4 weeks. We had the scales calibrated two times by the people who came to work on them; around the end of November (22nd) he came in and stated the scale was broken and could not be fixed. I started the process of ordering the new scales. When we received the new scales, we re-weighed the residents. Some of the weights appeared to be consistent. We identified the weight losses of 180 days and put interventions in place for these."</p> <p>g. The Purchase Order provided by the Administrator on 1/10/07 documented the new scales were ordered on 12/19/06. The scales were received on 12/27/06. There was no documentation available for review that weekly weights were obtained on the resident after the new scales arrived.</p> <p>h. The "Dietary Progress Notes" documented, "RD (Registered Dietician) 11/14/06 Res</p>	F 325			

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F 325	<p>Continued From page 8</p> <p>(resident) seen for wt (weight) loss. Wt. 221.5 lbs (pounds) a 39.1 lbs loss in 30 days. PO (by mouth) intake: 100% x 7 days. Believe this weight loss may be in error. Will monitor for reweigh of residents. Hospice care continues. Recs (receives) Sugar free mighty shakes at snack times TID (three times daily). Will Monitor. 12/19/06 RD note: No current wt available as scales are not working. Awaiting arrival of new scales for accurate weight. PO intake: 89.3% x 7 days. Hospice care continues. Will Monitor."</p> <p>i. The resident ' s printed Physician's orders dated 1/1/07 - 1/31/07 documented: "10/4/06 Admit to Hospice Dx (diagnosis) End Stage Alzheimer's. 11/15/06 Sugar Free Mighty Shakes at snack times."</p> <p>j. On 1/10/07 at 8:55 a.m., the Registered Dietician (RD) stated, "The resident had an increase in weight in October. November 14, I asked for a re-weight on the resident. The re-weight is documented on the weight form. On 12/19/06 the resident was receiving Mighty Shakes so I made no further recommendations. On 1/9/07 I instituted the fortified foods to start today (1/10/07) at the evening meal only, because the consumption was much better for the other meals."</p> <p>k. From 9/06 through 1/9/07 the only intervention put into place to prevent further weight loss was the Mighty Shake.</p> <p>l. On 1/9/07, the resident did not receive a Mighty Shake at the morning or afternoon snack pass.</p> <p>m. The resident's plan of care revised on 5/5/06 documented no interventions since 5/5/06.</p>	F 325			

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F 325	<p>Continued From page 9</p> <p>n. On 1/9/07 at 12:05 p.m., the resident was in a low bed, Certified Nursing Assistant (CNA) #1 sat the resident up in bed to receive a lunch tray. The tray contained one large bowl of spaghetti with meat balls, one large bowl of salad, french dressing, vanilla wafers, one glass of tea, one glass of water, salt and pepper. The CNA tried to get the resident to hold the bowl of salad, the resident would not hold the bowl, the CNA stated; "This isn't going to work." The CNA put the salad on the over bed table, put the head of the bed down, put the bed back into the lowest position, covered the resident and took the tray (untouched) out of the room and placed the tray back on the cart.</p> <p>At 12:42 p.m., the tray was removed from the cart and placed on the cabinet by the refrigerator.</p> <p>At 1:14 p.m., the tray was placed back on the tray cart (untouched by resident) and the cart was taken to the kitchen. The resident was not gotten up and taken to the dining room for the meal.</p> <p>At 2:15 p.m. the resident was gotten up in the wheel chair, taken to the dining room and given a large bowl of spaghetti and meat balls in which he consumed 100%.</p> <p>o. The facility's "Weighing Residents Guidelines" documented: "Purpose: To monitor residents for weight variances that may indicate a change in clinical status. Interdisciplinary team: Establish a weight variance list of residents and refer to the interdisciplinary team for interventions as needed. Continue to review residents with weight variances until the interdisciplinary team determines that the problem has been resolved or</p>	F 325		

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F 325	<p>Continued From page 10 stabilized."</p> <p>2. Resident #4 had diagnoses of Anxiety, Alzheimer's Disease, Hypertension, and Coronary Artery Disease. An MDS dated 9/26/06 documented the resident was moderately impaired in cognitive skills for daily decision making. The resident had a Physician's order dated 8/8/2006 for Regular/fortified foods mighty shake with meals.</p> <p>a. The resident was hospitalized in July 2006, and was readmitted on 7/11/06. The clinical observation form dated 7/11/06 documented the resident's weight as 134.3. The resident's weight for January 2007, according to the facility weight record, was 124 pounds a 6 month loss of 10.3 pounds or 7.66 percent.</p> <p>b. On 1/9/07, during the noon meal, the resident served herself spaghetti, meatballs, salad and a roll from the same bowls as all the other residents in the Alzheimer's care unit for family style dining. She was served milk and tea by the staff, but no mighty shake.</p> <p>c. On 1/10/07, during the noon meal, the resident served herself one meat patty, lima beans, okra/tomatoes and corn bread from the same bowls as the other residents. No margarine was offered to the resident or salt and pepper.</p> <p>d. A Registered Dietician note dated 9/28/06 documented, Recs: Mighty Shakes 1 carton TID (three times daily) with meals, Recs: fortified foods with meals</p> <p>e. On 1/11/07 at 9:30 a.m., the Registered Dietician stated that no fortified foods were sent</p>	F 325			

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F 325	Continued From page 11 to the ACU for meals; they try to get the extra calories with their activities that involve food.	F 325		
F 334 SS=E	483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION The facility must develop policies and procedures that ensure that -- (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; (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; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. The facility must develop policies and procedures that ensure that -- (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;	F 334		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BEVERLY LIVINGCENTER - HOT SPRINGS			STREET ADDRESS, CITY, STATE, ZIP CODE 552 GOLF LINKS ROAD HOT SPRINGS, AR 71901	
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F 334	<p>Continued From page 12</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 observation, record review and interview the facility failed to ensure residents were screened and offered Pneumococcal immunization for 11 (Residents #1, #2, #6, #8 thru #13 and #16) of 15 (Residents #1 thru #13, #16 and #17) case mix residents. This failed practice had the potential to affect the 47 residents who had been screened or offered the</p>	F 334		

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F 334	Continued From page 13 Pneumococcal vaccine prior to 1/09/07, according to the Immunization Consent or Refusal forms for Pneumococcal vaccines on 1/12/07. The findings are: 1. Resident #8 had diagnoses of Dementia and Schizophrenia. A Minimum Data Set (MDS) dated 12/12/06 documented the resident had modified independence in cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered" in box. a. An Immunization: Consent or Refusal dated 1/10/07 documented, "I hereby consent for: [Resident #8], a resident at this facility to receive the following immunization vaccine(s): Pneumococcal (checked). Resident #1 signed the consent. b. A Nurse's Note dated 1/10/07 at 1800 (6:00 p.m.) documented, "Admin (administered) pneum. (Pneumonia) vaccine 0.5 cc (cubic centimeters) IM (intramuscular) to LD (left deltoid). Tol. (tolerated) well." 2. Resident #10 had diagnoses of Psychosis secondary to a closed head injury. An MDS dated 11/21/06 documented the resident was severely impaired for cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered" in box. a. A, Immunization: Consent or Refusal dated 11/6/06 documented, "I hereby consent for: [Resident #10], a resident at this facility to receive the following immunization vaccine(s): Pneumococcal (checked). A telephone consent	F 334		

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F 334	<p>Continued From page 14</p> <p>was received from resident's responsible party.</p> <p>b. A Nurse's Note dated 1/10/07 at 1900 (7:00 p.m.) documented, "Admin (administered) pneum. (pneumonia) vaccine 0.5 cc (cubic centimeters) IM to L (left) deltoid without reaction."</p> <p>3. Resident #12 had a diagnosis of Alzheimer's disease. An MDS dated 10/19/06 documented the resident was moderately impaired in cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered" in box.</p> <p>On 1/11/07, the "Immunization: Consent or Refusal" for Pneumococcal had the resident's name on it, but no signatures were on the form. In an interview the Director of Nursing stated the facility was unable to contact the resident's responsible party the evening before.</p> <p>4. Resident #1 had diagnoses of Congestive Heart Failure and Depression. An MDS dated 10/20/06 documented that the resident was independent in cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered in box.</p> <p>a. A Physician's Order dated 1/10/07 documented "Pneumovax IM (intramuscular) now."</p> <p>b. An Immunization: Consent or Refusal dated 1/10/07 documented, "I hereby consent for: Resident #1, a resident at this facility to receive the following immunization vaccine(s): pneumococcal (checked). Resident #1 signed the consent.</p>	F 334			

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F 334	Continued From page 15 c. A Nurse's Note dated 1/10/07 at 1820 (6:20 p.m.) documented, "Admin (administered) pneum. (pneumonia) vaccine 0.5 cc (cubic centimeters) IM to L (left) deltoid without reaction." 5. Resident #6 had a diagnoses of HIV (Human Immunosuppressant Virus), Dementia, Seizures and Folate Deficiency. An MDS dated 12/14/06 documented the resident had modified independence in cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered. a. A Physician Order dated 1/10/07 documented, "Pneumovax IM (intramuscular) now." b. An Immunization: Consent or Refusal, dated 1/10/07 documented, "I hereby consent for: Resident #6, a resident at this facility to receive the following immunization vaccine(s): Pneumococcal (checked). Resident #6 signed the consent. c. A Nurse's Note dated 1/10/07 at 1845 (6:45 p.m.) documented "Admin (administered) pneum. (pneumonia) vaccine 0.5 cc (cubic centimeters) IM to L (left) deltoid without reaction." 6. Resident #11 had diagnoses of Depressive Disorder, Hypertension and Chronic Airway Obstruction. An MDS dated 10/11/06 documented the resident had moderately impaired cognitive skills for decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered in box.	F 334		

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F 334	<p>Continued From page 16</p> <p>There was no documentation in the resident's record that she received the Pneumococcal vaccine.</p> <p>7. Resident #13 had diagnoses of Depression and Hypertension. An MDS dated 10/20/06 documented the resident was severely impaired in cognitive skills for daily decision making and Section W. Supplemental MDS Items . . .3. Pneumococcal Vaccine . . . b. If PPV not received, state reason: . . .3. not offered.</p> <p>There was no documentation in the resident's record where she received the Pneumococcal vaccine.</p> <p>8. Resident identifiers #18-#66 were not given the Pneumococcal vaccine until 1/10/07.</p> <p>9. On 1/10/07 at 11:25 a.m., the MDS nurse provided 2 resident names who had been given the Pneumococcal vaccine. She stated the 2 names are the only ones who have received the pneumo vac, and stated the treatment nurse was researching for those who have already had the vaccine.</p> <p>10. On 1/11/07 at 8:25 a.m., a list of residents was provided by the Administrator; there were resident names highlighted and a notation at the bottom of the sheet Pneumococals rec'd (received) 06/07. In an interview on 1/11/07 at 3:45 p.m. the Director of Nurses stated the highlighted residents were given pneumococcal vaccine injections on 1/10/07.</p> <p>11. On 1/11/07 at 3:45 p.m., the Director of Nurses and the treatment nurse were interviewed. The Director of nurses stated that the Pneumo</p>	F 334			

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F 334	Continued From page 17 Vaccine came in the first week of December. Influenza injections were given at that time. She stated the treatment nurse had been out sick during December for about 3 weeks. The treatment nurse stated she did not follow up on the pneumovax until last night [1/10/07].	F 334		
F 363 SS=F	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure food was available according to the menu and failed to ensure menus were followed to ensure the nutritional need of residents 4 renal/dialysis diets and 68 residents on regular diets were met. This failed practice had the potential to affect 72 residents in the facility who received food from the kitchen. The findings are. 1. On 1/8/06 the menu for the supper meal documented 1 grilled cheese sandwich. a. On 1/8/07 at 3:50 p.m., grilled cheese sandwiches were prepared by placing 2 slices of cheese between 2 slices of bread and grilling them on the grill. b. On 1/9/07 at 10:15 p.m., a recipe for grilled cheese sandwiches was obtained from the dietary	F 363		

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F 363	<p>Continued From page 18</p> <p>consultant. The recipe documented, 1 grilled cheese sandwich was the equivalent of 2 ounces cheese or (4 slices) instead of 2 slices.</p> <p>2. On 1/8/07, the following food was not available in the facility as called for in the menu.</p> <p>a. On 1/8/07, the original menu for the noon meal documented roast pork and mandarin oranges; sliced turkey was served instead and Pineapple tidbits were served instead of the mandarin oranges.</p> <p>b. On 1/8/07 at 11:45 a.m., the dietary manager was asked why the food was not available. He said he was on a budget. He stated the roast pork would be in on the truck tomorrow and the turkey (that was for the next day 's meal on 1-9-07) was already in the freezer and when the roast pork came in they would serve it on 1/9/07.</p> <p>c. On 1/8/07, the menu for the renal/dialysis diets for the supper meal documented, cold roast beef sandwiches, jelly beans and apricot halves. Baked beef patties were prepared instead. There were no apricots available in the facility and no jelly beans.</p> <p>d. On 1/8/06 at 4:00 p.m., the dietary manager was asked why the renal diets were being served beef patties instead of the cold roast beef sandwich as documented on the menu. He said in order for him to serve roast beef to the residents on renal diets he would have to order 2 large beef roast about 5 pounds each and cook one and slice it.</p> <p>He said he tried to stick to his budget. He was informed that if the menus were written to include</p>	F 363			

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F 363	Continued From page 19 specific foods for any diets the food should be ordered and be available in the facility when documented on the menu. e. On 1/8/07 at 5:20 p.m., a resident in the dining room at supper asked for chocolate milk as a beverage preference. The resident was told by the dietary manager that they did not have any chocolate milk and would not have any until the truck came in on tomorrow (1/9/07). A review of the list of tray identification cards 4 residents preferred chocolate milk as their beverage of choice.	F 363			