

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

PRINTED: 01/05/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045357</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>12/14/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER - NORTH LITTLE ROCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3600 RICHARDS ROAD NO LITTLE ROCK, AR 72117</b>	
(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 000}	INITIAL COMMENTS	{F 000}		
{F 322} SS=D	<p>483.25(g)(2) NASO-GASTRIC TUBES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: This is a re-written deficiency.</p> <p>Based on observation, record review and interview, the facility failed to ensure that residents received the correct amount of formula and that intake was monitored and recorded as prescribed by the physician for 1 (Resident #5) of 5 casemix residents (#5, #9, #10, #11, and #12) with a feeding tube. This failed practice had the potential to affect 9 residents with a feeding tube as identified on the Roster/Sample Matrix received from the Administrator on 12/11/06. The findings are:</p> <p>Resident #5 had diagnoses Severe Protein-calorie malnutrition , Disorder of Lipoid Metabolism, Hyperchylomicroneia and multiple pressure sores. The Minimum Data Set dated 10/26/06 documented the resident had moderately impaired cognitive skills for daily decision making, had short term and long term memory problems, had 2 stage II pressure sores and had a feeding tube. A physician's order dated 8/17/06 documented mechanical soft diet.</p>	{F 322}		

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 322}	Continued From page 1  a. A physician's order dated 9/27/06 documented, "Fibersource HN 60 cc [cubic centimeters]/hr [hour] GT [gastrostomy tube] Q [every] 12 HR feeding to run from 6 [6:00] p.m. until 6:00 a.m. for a total of 720cc/860 cal[calories]/12 hrs." A physician's order dated 10/18/06 documented, "Please increase free water intake 200-250 cc every 4 hours at least 1200-1500 cc/day".  c. The Plan of Care dated 12/12/06 documented "Instill formula at room temp. [temperature] Discard unused portions."  b. On 12/11/06 at 4:05 p.m., a 1500 cc bottle of Fibersource HN dated 12/10/06 and timed at 6:00 p.m. hung from a tube feeding pump that was turned off. On 12/12/06 at 8:20 a.m. and at 1:24 p.m., the same bottle of Fibersource HN dated 12/10/06 and timed at 6:00 p.m., with approximately 450 cc of solution remaining, hung from a tube feeding pump that was turned off. The base of the feeding tube pump was completely covered in a dried brown substance.  c. The December Medication Record (MAR) for December 11th and 12th at 18:00 (6:00 p.m.) had no nurse's initials to document that the tube feeding was administered. A nurse initialed the solution was discontinued at 6:00 a.m. for both 12/11/06 and 12/12/06. There was no notation on the December Nurses Medication Notes or in the Nurses' Notes for 12/11/06 and 12/12/06 regarding why the tube feeding was not administered.  d. On 12/14/06 at 2:27 p.m., Licensed Practical Nurse (LPN) #1, when asked if she had given the	{F 322}			

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{F 322}	<p>Continued From page 2</p> <p>tube feeding Monday (12/11) and Tuesday (12/12) night stated, "I hung it on Monday and Tuesday."</p> <p>1) LPN #1 was shown a copy made of the December 2006 MAR with no documentation that the tube feeding was administered on 12/11/06 and 12/12/06 and asked where had she documented she had given the solution. LPN #1 stated, "I saw I hadn't filled it in and I went back and initialed it."</p> <p>2) LPN #1 stated, "I saw the one [the nurse on 12/10/06] hung. I was given to understand that it is changed every other day. I used the same bottle."</p> <p>3) When asked what would she do if the resident refused the feeding or took only a portion of the solution, LPN #1 stated, "I would document it and I would call the family. I can't stop and call all the time."</p> <p>e. On 12/13/06 at 8:22 a.m., a 1500 cc bottle of Fibersource HN, with approximately 1050 cc remaining in the bottle (should have only had 780 cc if given as prescribed), dated 12/12/06 with no time documented was hanging on the turned off feeding tube pump. The base of the feeding tube pump remained completely covered in a dried brown substance.</p> <p>f. On 12/14/06 at 8:30 a.m. the December 2006 MAR was reviewed and the feeding was not initialed as administered at 6:00 p.m. on 12/13/06. The General Interdisciplinary progress notes dated 12/13/06 at 18:48 (6:48 p.m.) documented the resident refused the tube feeding on 12/13/06.</p>	{F 322}		

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{F 322}	Continued From page 3  g. The December Medication Administration Record did not have initials or amounts documented for a physician's order (order date 10/12/06) "Intake every shift" on 12/1/06 3-11, 12/3/06 7-3 and 3-11, 12/04/06 11-7, 12/06/06 7-3 and 3-11, 12/07/06 7-3 and 3-11, 12/08/06 7-3 and 3-11, 12/09/06 7-3 and 3-11, 12/10/06 11-7, 7-3 and 3-11, 12/11/06 7-3 and 3-11, 12/12/06 7-3 and 3-11, and 12/13/06 at 11-7.  q. On 12/14/06 at 2:27 p.m., when asked how do you know what the resident's intake is, LPN #1 reviewed the Intake section of the MAR and stated, "That's an excellent point" noting the lack of documentation there.  Relevance of the following???? l. On 12/14/06 at 3:10 p.m., the Director of Nursing Services, when asked if an incident regarding a tube feeding had been turned in for this week, stated, "No."  i. The Administration of Enteral Feeding provided by the Director of Nursing Services (DNS) on 12/14/06 documented, "Administration bag and tubing shall be changed every 24 hours. Label, date, and initial time of change." and "A closed system may hang up to 24 hours."  j. The label on the front of a 1500 cc bottle of Fibersource HN provided by the DNS on 12/14/06 documented, "48 hour hang time".	{F 322}			