

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

PRINTED: 05/23/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045147</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/09/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>MORRILTON HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 BROOKRIDGE LANE MORRILTON, AR 72110</b>	
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{F 000}	INITIAL COMMENTS	{F 000}		
{F 282} SS=D	<p>483.20(k)(3)(ii) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure physicians orders were implemented for 1 (Resident # 9) of 4 case mix residents who had physicians orders for thickened liquids (Residents #6, 9, 10, and 11). The failed practice had the potential to affect 11 residents who had a physicians order for thickened liquids according to the facility diet list dated 5/7/07. The findings are:</p> <p>Resident # 9 had diagnoses of Alzheimer's Disease and Dysphagia. The Quarterly Minimum Data Set (MDS) dated 4/25/07 documented that the resident had severely impaired cognitive skills for daily decision making, had chewing and swallowing problems and was totally dependent on staff for eating.</p> <p>a. The Care Plan dated reviewed on 3/7/07 documented, "Problem: Resident has swallowing problems ... Approaches: Honey thickened liquids ... "</p> <p>b. A physicians order dated 3/19/07 documented, "Honey thickened liquids".</p> <p>c. On 5/9/07 at 8:05 a.m., the resident was being</p>	{F 282}		4/22/07
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 282}	<p>Continued From page 1</p> <p>spoon fed by Certified Nurses Assistant (CNA) #3. The residents ' tray card documented, "Diet: Honey thick liquids. ..." The resident's breakfast tray contained an 8 ounce carton of low fat chocolate milk, opened and 1/3 full, a glass on the tray contained approximately 2 to 3 milliliters of thin chocolate milk. The tray also contained a 4 ounce container of strawberry and a 4 ounce container of chocolate ice cream. The ice cream was not thickened (Magic Cups). CNA #3 was feeding the resident chocolate ice cream. CNA #3 was asked what the diet slip on the tray says about liquids. CNA # 3 stated, "Honey thickened." CNA #3 was asked, " Are you aware that the ice cream is not thickened. " CNA #3 stated, "Yes, I am now." CNA #3 was asked where do you get the thickened liquids. CNA # 3 stated "Usually the liquids are already on the tray."</p> <p>d. On 5/9/07 at 8:10 a.m., the Dietary Manager and the Unit Manager were taken to the residents room. The Dietary Manager was asked to review the contents of the residents tray. The Dietary Manager stated that the trays are sent to the closed unit and that the staff fix the liquids for the trays. CNA # 3 was asked where did the ice cream and chocolate milk come from. CNA # 3 stated, "We have it in the freezer and they send it from the kitchen for the resident." CNA # 3 was asked if she knew the difference in the thickened liquids, plain ice cream and magic cup. CNA # 3 stated, "I'm sure there ' s a difference. I didn't pay any attention to what the difference is." The CNA was asked, " Do you know what the CNA care plan for this resident says about his liquids? " CNA # 3 was asked what was the honey pot symbol on the sign that was posted above the resident ' s bed meant. CNA # 3 said "It's a</p>	{F 282}			

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{F 282}	Continued From page 2 honey pot". The interpretive guide to the poster symbols on the inside of the closet door documented that a honey pot symbol meant "Honey thickened liquids".	{F 282}			
{F 312} SS=E	483.25(a)(3) ACTIVITIES OF DAILY LIVING  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure incontinent care was provided in a manner to promote good personal hygiene for 1 (Resident # 9) of 12 case mix residents who were incontinent of bowel and/or bladder (Residents # 1 - 12) and failed to ensure that nail care was provided for 1 (Resident # 2) of 12 case mix residents dependent on staff for nail care (Residents # 1 - 12). These failed practices had the potential to affect 46 residents who were incontinent of bowel and/or bladder and 82 residents who required assistance with toe nail care according to the Nurse Consultant on 5/9/07. The findings are:  1. The facility's policy entitled "Care of Fingernails/Toenails" documented, "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. ...General Guidelines: ... 4. Nails can be partially cleaned during bath care. ... 6. Nail care includes daily cleaning and regular trimming. ... 8. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring	{F 312}		4/22/07	

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{F 312}	Continued From page 3 his or her skin. ..."  2. The facility's policy entitled "Perineal Care" documented, "Purpose: The purpose of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, ... Equipment and Supplies: ... 4. Soap (or other authorized cleaning agent) ... Steps in the Procedure: ... 10. For a male resident: a. Wet washcloth and apply soap or skin cleansing agent. ... d. Gently dry perineum following same sequence. ... g. Rinse washcloth and apply soap or skin cleansing agent. h. Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus and the buttocks. i. Dry thoroughly.  3. Resident # 9 had a diagnosis of Alzheimer's Disease. The Quarterly Minimum Data Set (MDS) dated 4/25/07 documented that the resident had severely impaired cognitive skills for daily decision making, was incontinent of bowel and bladder and was totally dependent on staff for toilet use and personal hygiene.  a. The Care Plan reviewed on 3/7/07 documented, "Problem: At risk for skin breakdown ... Approaches: ... Cleanse perineal area with soap and water following each urination. Cleanse perineal area with soap and water following each bowel movement. ...".  b. On 5/9/07 at 10:43 a.m., Certified Nurses Assistant (CNA) #3 provided incontinent care following an episode of bowel and bladder incontinence. CNA #3 cleaned the perineal area, including the urinary meatus, using wet washcloths that had no cleansing agent. CNA #3 ran out of wet washcloths and used one periwipe	{F 312}		

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{F 312}	<p>Continued From page 4</p> <p>on the scrotal area only. CNA #3 was asked what was on the washcloths that was used for cleansing during incontinent care. CNA # 3 stated "Just water."</p> <p>c. On 5/9/07 at 1:40 p.m., CNA #3 was asked what is the procedure for cleaning a resident who had been incontinent of bowel. CNA # 3 stated "... Either use wipes or washcloths with soap and warm water. ..."</p> <p>d. On 5/9/07 at 1:50 p.m., the Assistant Director of Nursing (ADON) was asked what is the procedure for cleaning a resident who had been incontinent of bowel. The ADON stated "... Can use either soap and water or wipes."</p> <p>4. Resident #2 had diagnoses of Alzheimer's Disease and Depressive Disorder. A Medicare 14 Day Minimum Data Set (MDS) dated 4/25/07 documented the resident had severely impaired cognitive skills for daily decision making and required extensive assistance with personal hygiene.</p> <p>a. The Care Plan dated 1/11/07 documented, "Problem: At risk for decline in ADL [Activities of Daily Living] functioning ... Approaches: ... Res [Resident] requires total assist of 2 for bathing 2 x [times] weekly and prn [as needed] with nail care to be done on bath days."</p> <p>b. On 5/8/07 at 10:25 a.m., the resident had nails approximately 1/4 inch long on the third and fourth toes of the right foot and 1/8 inch long on the third toe of the left foot. Licensed Practical Nurse (LPN) # 1 was asked who does nail care. LPN #1 stated, "It's done on her bath days - Mondays and Thursdays." LPN #1 was asked</p>	{F 312}			

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{F 312}	Continued From page 5 how long since [Resident # 2's] nails were cut. LPN #1 stated, "They didn't get that long since Monday [5/7/07]."  c. On 5/9/07 at 11:10 a.m., Certified Nurses Assistant (CNA) #1, who showered Resident # 2 on Monday, May 7th, was asked what nail care did they provide during showers. CNA #1 stated, "We clean them and trim them". CNA #1 was asked about toe nail care. CNA # 1 stated, "If really thick, I tell the nurse. She has clippers that cuts the thick ones I can't get." CNA #1 was asked if she did toe nail care for [Resident #2]. CNA #1 stated, "Yes, sometimes - if I have time, if I don't then I don't cut them."  d. On 5/9/07 at 1:20 p.m., the Assistant Director of Nursing (ADON) was asked who monitored nail care as specified in their Plan of Correction. The ADON stated "I did and the nurses." The ADON was asked if she had looked at [Resident # 2's] toe nails. The ADON stated, "I don't remember. On Sunday the nurse is supposed to do nail care on diabetics and if time do all toe nails, if not she should appoint a CNA to do them."	{F 312}		
{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, interview and record review the facility failed to ensure that the janitor room, outside the locked 300 hall next to the central nursing station and dining room, which contained hazardous chemical was kept locked.	{F 323}		4/22/07

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{F 323}	<p>Continued From page 6</p> <p>This failed practiced had the potential to affect 8 confused, mobile residents which resided on the 100, 200 and 400 halls. The findings are:</p> <p>On 5/8/07 at 3:45 p.m., the janitor room outside the locked 300 hall had the following chemicals in the opened closet:</p> <p>a. One bottle (1 quart size) of Brev Blue - Liquid Cream Cleanser on the top corner shelf to the right of the entrance door, just inside the door. The bottle was full.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Eye ... Signs and Symptoms of Overexposure (Acute): Eyes: Causes burns. Skin: Sever irritation. Swallowing: Irritation of mucus membranes, diarrhea, weakness, central nervous depression. Inhalation: Irritation of respiratory tract. ... Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. Call a physician. Skin: Wash with soap and water. Remove contaminated clothing and wash before reuse. If irritation persist Call a physician. Ingestion: Do NOT induce vomiting. Drink milk, egg whites, gelatin solution or if these are not available drink large quantities of water. Call a physician. Inhalation: Removed exposed person to fresh air. Treat symptomatically. ...".</p> <p>b. One bottle (1 quart size) of Pine Cleaner, uncapped with approximately 3 ounces of substance in container was on the top corner shelf to the right of the entrance, just inside the door. The bottle label documented, " May cause eye or skin irritation. "</p>	{F 323}			

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{F 323}	<p>Continued From page 7</p> <p>c. One bottle (1 quart size) of Enzymatic Foul Odor Digester on the top corner shelf to the right of the entrance door, just inside the door. The bottle was full.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Skin: Signs and Symptoms of Overexposure (Acute): NOTE Organism used are non-pathogenic, but can cause infection when in contact with open wounds. These organism are susceptible to many commonly used antibiotics. Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. Call a physician. Skin: Wash thoroughly with soap and water. Remove contaminated clothing and wash before reuse. Ingestion: Drink large quantities of milk or water. Call a physician. Inhalation: Remove exposed person to fresh air and treat symptomatically.</p> <p>d. One bottle (1 quart size) of Lemon Oil Furniture Polish on the top corner shelf to the right of the entrance door, just inside the door. The bottle was full.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Eye, Skin, Oral, and Inhalation ... Signs and Symptoms of Overexposure (Acute): Eyes: Irritation. Skin: Prolonged or repeated contact may dry skin and cause irritation. Headache: Respiratory irritation, dizziness may result from breathing vapors in high vapor concentrations in poorly ventilated areas. Swallowing may result in vomiting. Aspiration of liquids into lungs must be avoided as liquid contact with lungs can result in chemical</p>	{F 323}			

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{F 323}	<p>Continued From page 8</p> <p>Pneumonitis. Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. If irritation persist call a physician. Skin; Wash with soap and water. Remove contaminated clothing and wash before reuse. If irritation persist call a physician. Ingestion: Do NOT induce vomiting. If vomiting occurs keep head below hips to prevent aspiration into lungs. Get immediate medical attention. Inhalation: Remove exposed person to fresh air and treat symptomatically.</p> <p>... Section 7 - Health Hazard and First Aid. Effects of Overexposure: Skin: Prolonged or repeated contact may cause irritation or Dermatitis. Eyes: Eye irritant. May cause redness, swelling or blurred vision. Inhalation: May cause dizziness or drowsiness. Ingestion: May cause dizziness, drowsiness or narcosis. Aspiration of material into the lungs may cause Pneumonitis. First Aid Procedures: Skin: Remove contaminated clothing and wash with soap and water. Seek medical attention if irritation persist. Eyes: Flush with large quantities of water, holding eye lids opened. Seek medical attention. Inhalation: Get to fresh air. If breathing is difficult give oxygen. Seek medical attention if symptoms persist. Ingestion: Do not induce vomiting. Seek medical attention immediately. ...".</p> <p>e. Five bottles (1 quart size) of Pro Bowl Clinging Bowl and Porcelain Cleaner on the bottom corner shelf to the right of the entrance door, just inside the door. Three of the bottles had lids on them and two bottles had sprayer nozzles. The bottles were all full.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards:</p>	{F 323}			

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{F 323}	Continued From page 9 Primary Routes of Exposure: Eye, Skin, Oral, and Inhalation ... Signs and Symptoms of Overexposure (Acute): Eyes and skin: Causes burns. Swallowing: Possible damage to mucus membranes contacted. Inhalation of mist or spray may cause damage to tissue or the respiratory tract. Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. Call a physician. Skin: Flush immediately with water. Remove contaminated clothing and wash before reuse. Call a physician. Ingestion: If swallowed do NOT induce vomiting. Give large quantities of water followed by the whites of two or three eggs. Call a physician. Inhalation: Remove exposed person to fresh air and treat symptomatically. ...  f. One bottle (1 quart size) of Painless Stainless on the bottom corner shelf to the right of the entrance door, just inside the door. The bottle was full.  The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Eye, Skin, Oral, and Inhalation ... Signs and Symptoms of Overexposure (Acute): Eyes: Irritation. Skin: Prolonged or repeated contact may dry skin and cause irritation. Headache: Respiratory irritation, dizziness may result from breathing vapors in high vapor concentrations such as in poorly ventilated areas. Swallowing may result in vomiting. Aspiration of liquids into lungs must be avoided as liquid contact with lungs can result in chemical Pneumonitis. Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. If irritation persist call a physician. Skin: Wash with soap and water. Remove contaminated clothing	{F 323}			

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{F 323}	Continued From page 10 and wash before reuse. If irritation persist call a physician. Ingestion: Do NOT induce vomiting. If vomiting occurs keep head below hips to prevent aspiration into lungs. Get immediate medical attention. Inhalation: Remove exposed person to fresh air and treat symptomatically. ... Section 7 - Health Hazard and First Aid. Effects of Overexposure: Skin: Prolonged or repeated contact may cause irritation or Dermatitis. Eyes: Eye irritant. May cause redness, swelling or blurred vision. Inhalation: May cause dizziness or drowsiness. Ingestion: May cause dizziness, drowsiness or narcosis. Aspiration of material into the lungs may cause Pneumonitis. First Aid Procedures: Skin: Remove contaminated clothing and wash with soap and water. Seek medical attention if irritation persist. Eyes: Flush with large quantities of water, holding eye lids opened. Seek medical attention. Inhalation: Get to fresh air. If breathing is difficult give oxygen. Seek medical attention if symptoms persist. Ingestion: Do not induce vomiting. Seek medical attention immediately. ...".  g. One bottle (1 quart size) of U - 1 Plus Germicidal Cleanser on the bottom corner shelf to the right of the entrance door, just inside the door. The bottle was full.  The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Eye, Skin, and Oral. ... Signs and Symptoms of Overexposure (Acute): Eyes or Skin: Redness , irritation. ... Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. Call a physician. Skin: Flush immediately with water for at least 15 minutes. If	{F 323}			

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{F 323}	<p>Continued From page 11</p> <p>irritation persist call a physician. Ingestion: Drink milk, egg whites, gelatin solution or if these are not available drink large quantities of water. Call a physician. ...".</p> <p>h. Three 5 gallon bulk container of U - 1 Plus Germicidal Cleanser on the wall opposite the entrance door. The top container had approximately 240 milliliters of green fluid, the middle container was empty and the bottom container had 3/4 of a gallon of green liquid. None of the containers had caps on them.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 6 - Health Hazards: Primary Routes of Exposure: Eye, Skin, and Oral. ... Signs and Symptoms of Overexposure (Acute): Eyes or Skin: Redness, irritation. ... Section 7 - Emergency and First Aid Procedures: Eyes: Flush immediately with water for at least 15 minutes. Call a physician. Skin: Flush immediately with water for at least 15 minutes. If irritation persist call a physician. Ingestion: Drink milk, egg whites, gelatin solution or if these are not available drink large quantities of water. Call a physician. ...".</p> <p>i. Two bottles (84.5 fluid ounce size) of Glance Glass and Multi surface was on the bottom shelf on the wall unit opposite the door underneath the 5 gallon containers of U - 1 Plus Germicidal Cleanser. One bottle was full and the second bottle contained approximately 40 ounces of fluid.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 3. Hazards identification: Routes of Entry: Skin contact. Eye Contact. ... Section 4. First Aid Measures: Eye contact: Rinse with plenty of running water. Skin</p>	{F 323}			

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{F 323}	<p>Continued From page 12</p> <p>contact: Rinse with plenty of running water.</p> <p>k. One bottle (84.5 fluid ounce size) of Shower Tub and Tile cleanser was on the bottom shelf on the wall unit opposite the door underneath the 5 gallon containers of U - 1 Plus Germicidal Cleanser. The bottle contained approximately 20 ounces of fluid.</p> <p>The Material Safety Data Sheet for this product documented: "... Section 3. Hazards identification: Routes of Entry: Inhalation. Skin contact. Eye Contact. Potential Acute health Effects: Eyes: Corrosive. May cause permanent damage including blindness. Skin: Corrosive. May cause permanent damage. Inhalation: May cause irritation and corrosive effects to nose, throat, and respiratory tract. Ingestion: Corrosive. May cause burns to mouth, throat, and stomach. ... Section 4. First Aid Measures: Eye contact: Immediately flush eyes with running water. Keeping eye lids open. Get medical attention immediately. Skin contact: Flush immediately with plenty of water for at least 15 minutes. Get medical attention immediately. Inhalation: If breathing is difficult: remove to fresh air. Get medical attention immediately. Ingestion: Do not induce vomiting! Immediately drink plenty of water. Never give anything by mouth to an unconscious person. Get medical attention immediately.</p> <p>l. One bottle (84.5 fluid ounce size) of General Purpose Cleaner was in a wall dispenser mounted on right wall when entering the janitor room. The bottle contained approximately 20 ounces of fluid.</p> <p>The label on the bottle documented "Warning:</p>	{F 323}			

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{F 323}	Continued From page 13 CAUSES EYE AND SKIN IRRATION. ... WARNING: CONCENTRATE CAUSES EYE AND SKIN IRRATION. Avoid contact with eyes, skin and clothing. Wash thoroughly after handling. HARMFUL IF SWALLOWED. Do not taste or swallow. Contains: Sodium Sulicate and surfactants. FIRST AID: EYES AND SKIN: In case of contact, immediately flush eyes and skin with plenty of water for at least 15 to 20 minutes. Thoroughly clean footwear and clothing before reuse. IF SWALLOWED: Immediately drink 1 to 2 glasses of water or milk. GET MEDICAL ATTENTION.	{F 323}			
{F 328} SS=E	483.25(k) SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure tracheostomy care was provided in a manner to minimize potential infections for 1 of 1 case mix residents with a tracheostomy (Resident # 8) and oxygen was administered at the prescribed flow rate for 1 (Resident # 8) of 3 case mix residents with oxygen (Residents # 4, 8, and 10). These failed practice had the potential to affect 1 resident in	{F 328}		4/22/07	

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{F 328}	Continued From page 14 the facility with a tracheostomy and 12 residents with physician orders for oxygen according to the Nurse Consultant on 5/9/07. The findings are:  1. The facility's policy entitled Tracheostomy Care documented "... Steps in the Procedure: ... 28. Using sterile (dominant) hand, clean the outer cannula and stoma under the faceplate with peroxide-soaked 4x4 gauze pads and cotton swabs. Wipe in a circular motion outward, stopping approximately 4 inches from stoma. 29. Using the same technique, rinse cannula and stoma with saline-soaked pads and swabs. 30. Pat skin and cannula dry with the remaining 4x4 gauze pad. ..."  2. The facility's policy entitled Oxygen Administration documented, "Steps in Procedure: ... 10. Adjust the oxygen delivery device so that it is comfortable for resident and the proper flow of oxygen is being administered. ..."  3. The manufacture's Patient Manual for Millennium Respiration oxygen concentrator documented, "... Operating Instructions: ... 5. Adjust the flow to the prescribed setting by turning the knob on top of the flow meter until the ball is centered on the line marking the specific flow rate. ..."  4. Resident # 8 had diagnoses of Chronic Airway Obstruction, Sleep Apnea and Tracheostomy. The Quarterly Minimum Data Set (MDS) dated 4/4/07 documented that the resident had independent cognitive skills for daily decision making and had oxygen therapy.  a. A physicians order dated 4/24/07 documented, "Trach [Tracheostomy] care q [every] shift ..."	{F 328}			

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{F 328}	Continued From page 15  b. A physicians order dated 5/2/07 documented, "1) 5 L [liters] O2 [oxygen] BiPAP. 2) 2 L O2 Trach cylinder. ..."  c. The Care Plan (undated) documented, "Problem: Requires oxygen per Trach ... Approaches: ... 2) Keep flow rate set per D.O. [doctor order]. ..."  d. On 5/7/07 at 2:03 p.m., the Assistant Director of Nursing (ADON) stated that the resident had continuous oxygen at 2 Liters per minute during the day and 5 liters per minute at night when on BiPAP. The resident was up in a wheelchair with oxygen administered via E cylinder. The flow rate was set at 0 [zero]. The ADON stated that the tank was turned off.  e. On 5/7/07 at 2:17 p.m., Certified Nurses Assistant (CNA) #2 brought in a new oxygen E cylinder to the residents room. CNA #2 stated, "I just got here and was told to bring him a tank." The previous E cylinder was not in the room. The resident had no oxygen being administered at this time.  f. On 5/7/07 at 2:22 p.m., the ADON was asked if the E-cylinder that was removed from the resident's wheelchair was empty. The ADON stated, "I don't know. I just had them take a new one into the room."  g. On 5/8/07 at 8:05 a.m. and 9:47 a.m., the resident was in bed with the BiPAP connected to the Tracheostomy collar. The oxygen rated was 4 1/2 liters per minute.  h. On 5/8/07 at 2:20 p.m., Licensed Practical	{F 328}			

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{F 328}	<p>Continued From page 16</p> <p>Nurse (LPN) #1 provided Tracheostomy care. LPN #1 completed cleansing of the inner cannula, changed gloves then used a 4 x 4 which had been wet with Hydrogen peroxide to clean the skin around the outside of the faceplate - both above and below the faceplate. LPN #1 rinsed the area with a 4 x 4 wet with normal saline and then dried the area with a dry 4 x 4. LPN #1 changed into sterile gloves and used a Q tip that had been wet with Hydrogen Peroxide to clean underneath the faceplate. LPN #1 cleaned along the upper and lower sides of the outer cannula using a back and forth motion which contaminated the area cleaned instead of circular outward motion as specified in the facility's policy.</p> <p>i. On 5/8/07 at 3:05 p.m., the ADON and LPN #1 were asked if LPN #1 had cleaned the outer cannula underneath the faceplate according to the facility's policy. The ADON stated, "No".</p> <p>j. On 5/9/07 at 8:07 a.m., 9:52 a.m. and 10:50 a.m., the resident had the BiPAP connected to the Tracheostomy collar. The oxygen rated was 4 3/4 liters per minute.</p> <p>k. On 5/9/07 at 10:50 a.m., the ADON was asked what was the oxygen flow rate set for this resident. The ADON stated, "4 3/4 liters."</p> <p>l. On 5/9/07 at 1:20 p.m., the ADON was asked what was the oxygen monitoring that had been done for the plan of correction. The ADON stated, "Tubing in bag, on right sitting, tubing changed." The ADON was asked how often was the oxygen was monitored. The ADON stated, "When first come in, in the morning".</p>	{F 328}			