

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

PRINTED: 02/14/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2008
NAME OF PROVIDER OR SUPPLIER PARKVIEW REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 BARROW ROAD LITTLE ROCK, AR 72204	
(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 333 SS=E	<p>Complaint #13244 was substantiated (all or in part) with a deficiency cited at F333.</p> <p>483.25(m)(2) MEDICATION ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13244 was substantiated (all or in part) in these findings.</p> <p>Based on record review and interview, the facility failed ensure Physician orders were followed to ensure that residents were free of significant medication errors for 2 (Residents #3 and #5) of 5 (Residents #1 through #5) case mix residents reviewed for medications. This failed practice had the potential to affect 105 residents in the facility, as identified by the Administrator on 1/31/08. The findings are:</p> <p>1. Resident #5 had diagnoses of Anxiety Disorder, Depression and Dementia other than Alzheimer's. The Annual Minimum Data Set (MDS) dated 11/21/07 documented the resident had severely impaired cognitive skills for daily decision-making, had mental function that varied during the day, was verbally and physically abusive, resisted care and these indicators were not easily altered.</p> <p>a. The Physician Order dated 11/1/07 documented, "Seroquel 25 mg (milligram) 1 tab (tablet) PO (by mouth) at 9:00 p.m. (anxiety)."</p> <p>b. The Physician Order dated 11/1/07</p>	F 333		

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.

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

PRINTED: 02/14/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2008
NAME OF PROVIDER OR SUPPLIER PARKVIEW REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 BARROW ROAD LITTLE ROCK, AR 72204		
(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 333	Continued From page 1 documented, "Seroquel 50 mg 1 tab PO at 5:00 p.m. (combativeness)." c. The Physician Order dated 11/1/07 documented, "Namenda 5 mg 1 PO BID (twice daily) (Dementia)." d. The Physician Order dated 11/1/07 documented, "Lexapro 20 mg 1 tab PO qd (everyday) at 5:00 p.m. (Depression)." e. The Physician Order dated 11/1/07 documented, "Exelon 6 mg PO BID at 8:00 a.m. and 5:00 p.m. with meals (Dementia)." f. The Physician Order dated 11/1/07 documented, "Calcium with D 500 mg 1 tab PO BID at 8:00 a.m. and 9:00 p.m. (Osteoporosis)." g. The Physician Order dated 1/24/08 documented, "Tamiflu 75 mg 1 tab PO qd x (times) 5 days (prophylaxis)." h. On 1/29/08 at 3:58 p.m., the resident's medication cards still had the following medications intact in the blister packages: 1) The 1/29/08, 8:00 a.m. dose of Exelon 6 mg 2) The 1/28/08, 9:00 p.m. dose of Seroquel 25 mg 3) The 1/28/08, 9:00 p.m. dose of Namenda 5 mg 4) The 1/28/08, 9:00 p.m. dose of Tamiflu 75 mg 5) The 1/28/08, 9:00 p.m. doses of Calcium 500 mg	F 333			

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

PRINTED: 02/14/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2008
NAME OF PROVIDER OR SUPPLIER PARKVIEW REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 BARROW ROAD LITTLE ROCK, AR 72204		
(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 333	Continued From page 2 6) The 1/27/08, 5:00 p.m. dose of Exelon 6 mg 7) The 1/27/08, 5:00 p.m. dose of Lexapro 20 mg 8) The 1/27/08, 5:00 p.m. dose of Seroquel 50 mg i. On 1/29/08 at 4:15 p.m., Licensed Practical Nurse (LPN) #1 was asked to check the resident's computerized Medication Administration Record (MAR) to check for documentation of the reason the resident's medication was not administered. The computerized MAR documented the medications were administered as ordered. j. These were significant medication errors due to the frequency of the errors and the condition (Anxiety Disorder, Depression, Dementia and Osteoporosis) of the resident. 2. Resident #3 had diagnoses of Senile Dementia and Psychosis. The Quarterly MDS dated 12/31/07 documented the resident was severely impaired in cognitive skills for daily decision making, had verbally and physically abusive behavior, had socially inappropriate behavior and the indicators were not easily altered. Consultant Pharmacist Report dated 1/17/07 documented, "back from Geri-Psych unit, began Stelazine and Seroquel BID (twice daily)." The Physician's progress notes dated 11/27/07 documented, "aggressive and assertive behavior - to Geri-psych unit in October 2007." a. The Physician order dated 12/17/07 documented, "Seroquel 100 mg tab (quetiapine fumarate) po QHS (every hour of sleep) 2100 (9:00 p.m.) (dementia)"	F 333			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2008
NAME OF PROVIDER OR SUPPLIER PARKVIEW REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 BARROW ROAD LITTLE ROCK, AR 72204		
(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 333	Continued From page 3 b. The Physician order dated 12/18/07 documented, "Stelazine 2 mg tab (Olanzapine) 1 tab po QHS 2100 (psychosis)." c. The Physician order dated 12/17/07 documented, "Zocor 10 mg tab (Simvastatin) 1 tab po QHS 2100 (hyperlipidemia)." d. The Physician order dated 12/17/07 documented, "Lopressor 50 mg tab (Metoprolol) po... 2100 (hypertension)." e. The Physician order dated 12/17/07 documented, "Tylenol 500 mg caplet (Acetaminophen) 1 tab po TID ...1800 (6:00 p.m.) (pain)." f. The Physician order dated 12/17/07 documented, "Micro K 10 mEq (milliEquivalent) 1 tab po QD (everyday) 1700 (5:00 p.m.) (hypokalemia)..." g. On 1/29/08 at 3:35 p.m., the following medication were still intact in the blister packs on the resident's medication cards: 1) The 1/15/08, 9:00 p.m. dose of Seroquel 100 mg 2) The 1/15/08, 9:00 p.m. dose of Stelazine 2 mg 3) The 1/15/08, 9:00 p.m. dose of Zocor 10 mg 4) The 1/15/08, 9:00 p.m. dose of Metoprolol 50 mg 5) The 1/10/08, 6:00 p.m. dose of Acetaminophen 500 mg	F 333			

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

PRINTED: 02/14/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/01/2008
NAME OF PROVIDER OR SUPPLIER PARKVIEW REHABILITATION & HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 BARROW ROAD LITTLE ROCK, AR 72204		
(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 333	Continued From page 4 6) The 1/10/08, 5:00 p.m. dose of Micro K 20 mEq h. On 1/29/08 at 3:35 p.m., LPN #1 was asked where the medications not administered would be documented. The LPN said the nurse would document it on the computerized MAR. The computerized MAR documented the medications were administered as ordered. i. On 1/31/08 at 9:03 a.m., the Director of Nursing (DON) provided copies of medication error reports that had been requested. When asked if this was all reports, the DON said, "This is absolutely every med error report I have, some are not completed, but, here they are." There were no medication error reports provided for the resident. j. These were significant medication errors due to the condition (Senile Dementia, Psychosis, Hyperlipidemia, Hypokalemia, Pain and Hypertension) of the resident.	F 333			