STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045375	A. BUILDING ______ B. WING ______	C 11/26/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW REHABILITATION AND HEALTHCARE CENTER	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 Complaint #14068 was substantiated (all or in part) with a deficiency cited at F431. Complaint #14049 was substantiated (all or in part) with a deficiency cited at F314.	F 000		
F 314 SS=D	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Complaint #14049 was substantiated (all or in part) with these findings. Based on observation, record review and interview, the facility failed to ensure pressure sores were accurately measured and staged for 1 (Resident #5) of 3 case mix residents with pressure sores (Residents #5, #6 and #7). The facility also failed to ensure treatments were evaluated and revised when ineffective, failed to ensure treatment orders were implemented and failed to ensure pressure relieving devices were utilized in accordance with the Plan of Care for 1 (Resident #5) of 3 case mix residents with pressure sores (see identifiers above). The failed practices had the potential to affect 8 residents with pressure sores on the coccyx and 3 residents with pressure sores on the feet, as identified by the Administrator on 11/26/08. The	F 314		

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 314	Continued From page 1 findings are: 1. The Minimum Data Set Resident Assessment Instrument (MDS/RAI) Coding Instructions," used by the facility to stage pressure sores according to the Assistant Director of Nursing on 11/26/08 at 12:30 p.m., documented: "Definitions: ...Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved... Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater... Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue... Stage IV. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone... If necrotic eschar is present, prohibiting accurate staging, code the ulcer as Stage 4 until the eschar has been debrided..." 2. The facility's policy titled, "Pressure-Redistribution/Reduction Surfaces" documented: "...These surfaces shift pressure from one area to another. The surfaces may reduce or relieve pressure. To assure effectiveness all products must be used according to the manufacturers's instructions... Pressure redistribution devices such as solid foam or gel mattresses may be indicated for a resident at risk for pressure ulcer development or delayed healing. Dynamic pressure reduction surfaces may be used when a resident cannot be positioned without bearing weight on a pressure ulcer... As with all support surfaces, accurate physician's orders, diagnosis, comprehensive assessment, comprehensive care plan and progress documentation are essential for appropriate care of the resident... The	F 314		

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F 314	Continued From page 2 manufacturer's directions will determine procedures for support surfaces..." 3. The facility's policy titled, "Pressure Ulcer, Prevention of" documented: "Basic Responsibility: Licensed Nurse and Nursing Assistant. Purpose: To prevent skin breakdown and development of pressure sores. Procedure... Use appropriate support surfaces in the resident's bed or chair... Use pressure reducing or relieving devices as necessary... Position with appropriate surfaces to protect bony prominences... Position to prevent pressure from medical devices such as tubes, casts, braces, etc [et cetera]." 4. Resident #5 had diagnoses of Type II Diabetes Mellitus and Late Effect Cerebrovascular Disease. The Quarterly Minimum Data Set (MDS) dated 10/20/08 documented the resident had short and long term memory problems, was severely impaired in cognitive skills for daily decision making, had pressure relieving devices for the bed and chair, received ulcer care and application of dressings and had one Stage III pressure ulcer. a. The Plan of Care dated 2/4/08 documented: "Problem: Potential for Impairment of skin integrity, and breakdown... Nurses... Pressure relieving device for chair... Problem: Impairment of skin integrity... Nurse Aide... pressure relieving cushion in wheelchair..." b. Nursing Notes dated 9/4/08 at 12:38 p.m. documented: "Onset date: 5/15/08... Location: sacral area; Stage: Full thickness of skin lost, exposing the SubQ [subcutaneous] tissues - presents as a deep crater (Pressure Stg [stage] 3). Size (cm [centimeters]) 1 x [by] 0.3 x 1...	F 314		

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F 314	Continued From page 3 Resolving... Yes; Tx [treatment] order and date: 5/15/08 n/s [normal saline] cal [calcium] alginate, border foam dressing qd [every day]... Pressure relief: Air mattress, cushion in w/c..." The Pressure Sore Report dated for the first week of September 2008 documented the same information. c. Nursing Notes dated 9/8/08 at 10:47 p.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." d. Nursing Notes dated 9/9/08 at 7:57 a.m. and signed by the Treatment Nurse documented: "Onset date: 10/28/07... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5; ... Resolving... Yes; Tx order and date: 5/15/08 n/s cal alginate, border foam dressing qd... Pressure relief: Air mattress, cushion in w/c [wheelchair]..." The Pressure Sore Report dated for the second week of September 2008 documented the same information. e. Nursing Notes dated 9/17/08 at 7:26 a.m. and signed by the Treatment Nurse documented: "Onset date: 10/28/08... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... No; Tx order and date: 5/15/08 n/s cal alginate, border foam dressing qd... Pressure relief: Air mattress, cushion in w/c..." The Pressure Sore Report dated for the third week of September 2008 documented the same information. There was no change in treatment.	F 314		

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F 314	Continued From page 4 f. Nursing Notes dated 9/22/08 at 4:02 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." g. Nursing Notes dated 9/23/08 at 3:31 a.m. documented: "Skin problems: ulcers... Location: coccyx area... Skin treatment: Has pressure relieving device for chair..." h. Nursing Notes dated 9/25/08 at 7:18 a.m. and signed by the Treatment Nurse documented: "Onset date: 10/28/08... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving Yes/No: No. New order and family notified... Pressure relief: Air mattress, cushion in w/c... Tx order and date: 9/22/08 w/c [wound cleanser] silver alginate, dry dressing qd..." The Pressure Sore Report dated for the fourth week September 2008 documented the same information. i. Nursing Notes dated 9/30/08 at 4:38 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." j. Nursing Notes dated 9/30/08 at 8:01 a.m. and signed by the Treatment Nurse documented: "Onset date: 10/28/08... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... Yes slowly; Tx order and date: 9/22/08 w/c silver alginate, dry dressing qd... Pressure relief: House heel protection, cushion in w/c, air mattress..." The Pressure Sore Report	F 314		

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dated for the fifth week of September 2008 documented the same information.

k. Nursing Notes dated 10/7/08 at 12:52 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..."

l. The Therapy Screen Form dated 10/7/08 documented: "Type of screen... Other: Theraboots... Comments: Pt [patient] received Theraboots from orthotic company. Pt wears boots to decrease risk of pressure ulcers. Nsg [Nursing] will don/doff Theraboots."

m. Nursing Notes dated 10/8/08 at 7:23 a.m. and signed by the Treatment Nurse documented: "Onset date: 5/15/08... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... Yes slowly... Tx order and date: 9/22/08 wound cleaner, silver cal alginate, dry dressing qd... Pressure relief: Air mattress, cushion in w/c, house heel protection..." The Pressure Sore Report dated 10/6/08 to 10/12/08 documented the same information. There was no change in the measurements of the pressure ulcer.

n. Nursing Notes dated 10/14/08 at 3:50 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..."

o. Nursing Notes dated 10/15/08 at 7:23 a.m. and signed by the Treatment Nurse documented: "Onset date: 5/15/08... Location: sacral area; Stage: Full thickness of skin and subcutaneous

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F 314	Continued From page 6 tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... Yes slowly; Tx order and date: 9/22/08 w/c, silver cal alginate, dry dressing qd... Pressure relief: Air mattress, house heel protection..." The Pressure Sore Report dated 10/13/08 to 10/19/08 documented the same information. There was no change in the measurements of the pressure ulcer. p. Nursing Notes dated 10/21/08 at 12:52 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." q. The Hospice Nursing Visit Note dated 10/21/08 documented: "...Skin: wounds/altered skin integrity... Sacrococcygeal, [right] foot bunion. Dressing change: Cleanse with w/c [wound cleanser], pack [with] silver CaAlg [calcium alginate], cover [with] dry dressing qd; monitor bunion redness for opening... Narrative summary: ...Redness noted to [right] bunion monitor for opening..." r. Nursing Notes dated 10/22/08 at 9:26 a.m. and signed by the Treatment Nurse documented: "Onset date: 5/15/09... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... Yes slowly; Tx order and date: 9/22/08 w/c, silver cal alginate, dry dressing qd... Pressure relief: Air mattress, cushion in w/c..." There was no change in the measurements, nor was there any change in treatment. The Nursing Notes also documented: "Onset date: 10/21/08... Location: right foot bunion; Stage: Has persistent area of skin redness that does not disappear	F 314		

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F 314	Continued From page 7 when pressure relieved (Pressure Stg 1). Size (cm) 1 x 1... Resolving... No, new; Tx order and date: Leave open to air 10/21/08... Pressure relief: Air mattress, house heel protection..." The Pressure Sore Report dated 10/20/08 to 10/26/08 documented the same information. s. The Hospice Nursing Visit Note dated 10/23/08 documented: "...Narrative summary... Redness to [right] foot medial area, monitor for opening..." t. The Hospice Interdisciplinary Progress Notes dated 10/24/08 documented: "...Interventions from Plan of Care... Pt [patient] on low air loss mattress to reduce pressure areas... Sacrococcygeal wound no s/s [signs/symptoms] of infection. Cleansed & [and] dressed as ordered. Slow wound healing. Tunneling/undermining continues [with] wound edges healing [at a] faster rate..." u. Nursing Notes dated 10/28/08 at 3:31 a.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." v. Nursing Notes dated 10/29/08 at 8:35 a.m. and signed by the Treatment Nurse documented: "Onset date: 10/28/07... Location: sacral area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 0.5 x 0.5... Resolving... Yes slowly; Tx order and date: 9/22/08 w/c, silver cal alginate, dry dressing qd... Pressure relief: Air mattress, house heel protection..." There was no change in the measurements, nor was there any change in treatment. The Nursing Notes also documented:	F 314		

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F 314	Continued From page 8 "Onset date: 10/20/08... Location: right foot bunion; Stage: Has persistent area of skin redness that does not disappear when pressure relieved (Pressure Stg 1). Size (cm) 0.5 x 0.5... Resolving... Yes. Tx order and date: Leave open to air 10/20/08... Pressure relief: Air mattress, house heel protection..." The Pressure Sore Report dated 10/27/08 to 11/2/08 documented the same information. w. Nursing Notes dated 11/2/08 at 4:20 p.m. documented: "Skin problems: ulcers... Location: coccyx area. Skin treatment: Has pressure relieving device for chair..." x. Nursing Notes dated 11/4/08 at 1:24 a.m. documented: "Skin problems: ulcers... Location: coccyx area (S4) [stage 4]. Skin treatment: Has pressure relieving device for chair..." y. Nursing Notes dated 11/4/08 at 5:16 p.m. documented the resident was transferred to the hospital at 10:30 a.m. for respiratory distress. An admission note dated 11/13/08 documented the resident returned from the hospital. z. The Skin and Body Assessment dated 11/13/08 and signed by the Treatment Nurse documented: "Stage 4 coccyx." The body illustration had a circle around the coccyx area to demonstrate the location of the wound. The assessment also documented: "Stage 2 admitted [circle around the lower aspect of the left buttock]... Stage 4 bunion - discolored area [circle around inner aspect of right foot]... List decubitus noted upon admission: Decub [decubitus] noted to coccyx stage 4. Stage 2 red open area noted to left buttock, stage 4 Rt [right] bunion..."	F 314		

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F 314	Continued From page 9 aa. The Skin and Body Assessment dated 11/13/08 and signed by Licensed Practical Nurse (LPN) #1 documented: "Decub [circle around coccyx area]... Red open area [circle around lower aspect of the left buttock]... Decub noted [circle around inner aspect of the right foot]... List decubitus noted upon admission: Decub noted to coccyx, red open area noted to left buttock, decub noted to right bunion..." Neither of the above skin assessments, which were completed upon the resident's readmission from the hospital on 11/13/08, documented the length, width or depth of wounds. bb. Physician orders dated 11/13/08 documented: "Cleanse wound to coccyx sacral area with w/c, pack with Silver Ca Alginate/Aquacel, cover with dry dressing qd and prn [as needed] until healed then D/C [discontinue]... Right foot bunion area LEAVE OPEN TO AIR and monitor qd and prn." cc. Nursing Notes dated 11/14/08 at 8:23 a.m. documented: "Skin problems: ulcers... Location: noted to coccyx area... Skin problems: ulcers... Location: right bunion. Foot problem/care... Received preventative or protective foot care..." dd. Nursing Notes dated 11/14/08 at 8:45 a.m. and signed by the Treatment Nurse documented: "Onset date: 11/14/08 READMIT... Location: left buttock; Stage: Partial thickness loss of skin layers that presents as an abrasion or blister (Pressure Stg 2). Size (cm) 1 x 1... Resolving... No - new. Tx order and date: No tx ordered 11/14/08... Pressure relief: Air mattress, house heel protection... Onset date: 11/14/08... Location: coccyx; Stage: Full thickness of skin	F 314		

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and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 1.5 x 1.5... Resolving... No. Tx order and date: 11/14/08 w/c, silver alginate, dry dressing qd... Pressure relief: Air mattress, house heel protection... Onset date: 11/14/08 READMIT... Location: right foot BUNION AREA; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 1 x 1 DISCOLORED AREA... Resolving... No. Tx order and date: Leave open to air 10/14/08... Pressure relief: Air mattress, house heel protection..." The Pressure Sore Report dated 11/10/08 to 11/16/08 documented the same information.

ee. A physician order dated 11/18/08 documented: "Right great toe pad LEAVE OPEN TO AIR qd."

ff. Nursing Notes dated 11/19/08 at 8:19 a.m. and signed by the Treatment Nurse documented: "Onset date: 11/13/08 readmit... Location: coccyx; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 2 x 0.5 x 1.5... Resolving... No; Tx order and date: n/s [normal saline], silver cal alginate, dry dressing qd... 11/13/08... Pressure relief: Air mattress, house heel protection... Onset date: 11/13/08... Location: left buttock; Stage: Partial thickness loss of skin layers that presents as an abrasion or blister (Pressure Stg 2). Size (cm) 2 x 1... Resolving... No. Tx order and date: n/s, silvasorb, dry dressing qd... 11/14/08... Pressure relief: Air mattress, cushion in w/c [wheelchair]... Onset date: 11/13/08... Location: right foot bunion area; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or

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F 314	Continued From page 11 bone (Pressure Stg 4). Size (cm) 1 x 1... Resolving... No. Tx order and date: Leave open to air 11/13/08... Pressure relief: Air mattress, house heel protection... Onset date: 11/18/08... Location: right great toe pad; Stage: Full thickness of skin and subcutaneous tissue lost, exposing muscle and/or bone (Pressure Stg 4). Size (cm) 0.5 x 0.5 [soft] black necrotic area... Resolving Yes/No: No - new. Tx order and date: Leave open to air 11/18/08... Pressure relief: Air mattress, house heel protection..." The Pressure Sore Report dated 11/17/08 to 11/23/08 documented the same information. gg. On 11/24/08 at 1:20 p.m. and 11/25/08 at 7:57 a.m., 8:15 a.m., 9:12 a.m., 12:15 p.m., 12:58 p.m. and 4:46 p.m., the resident was sitting in a geri chair with the head of the chair elevated approximately 60 degrees and no pressure relieving cushion in the chair. hh. On 11/25/08 at 4:57 p.m., Certified Nursing Assistant (CNA) #1 took the resident from the dining room to her room. CNA #1 was asked why the resident was being returned to her room. CNA #1 stated, "To put a cushion on her chair." The resident was returned to her room and a one inch thick foam cushion was placed in the seat of the geri chair. Occupational Therapist #1 entered the room and stated, "I'm going to order her a Roho cushion. I know she has a Stage 4 on her coccyx. This was the first time they approached me about a cushion." CNA #1 was asked how long the resident had been getting up in the geri chair. CNA #1 stated, "I've been here 6 months and we always got her up in a geri chair." CNA #1 was asked if the resident had a cushion in the geri chair prior to today. CNA #1 stated, "No."	F 314		

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	045375	A. BUILDING ______ B. WING ______	C 11/26/2008

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ii. On 11/26/08 at 9:30 a.m., CNA #4 stated she had worked in the facility for 1 year. CNA #4 was asked if cushions were used in chairs to help reduce pressure. CNA #4 stated, "Yes." When asked how long Resident #5 had been provided with a cushion in her chair, the CNA stated, "Today was the first day I saw it."

jj. On 11/26/08 at 9:45 a.m., CNA #3 stated she had worked in the facility for 2 years. CNA #4 was asked if Resident #5 ever had a cushion in her chair. CNA #5 stated, "Not that I know of."

kk. On 11/26/08 at 10:00 a.m., Licensed Practical Nurse (LPN) #1 was asked what happened with the resident before she went to the hospital on 11/4/08. LPN #1 stated, "Before she went to the hospital - she eats better when up and doesn't eat in bed. She has a place on her bottom and they, the former DON [Director of Nursing] and Administrator, wanted her to stay in bed to relieve pressure on the wound area..." LPN #1 was asked if the resident had a seat cushion for her chair. LPN #1 stated, "I don't think she has one in her chair. They started getting her up for meals about 1 week ago and we put her back down after meals." LPN #1 was asked if the resident had been sitting in the geri-chair prior to when the former DON and Administrator had instructed that she remain in bed. The LPN stated, "Yes, but I don't know if she had a cushion or not in the chair." LPN #1 was asked, "Where is [Resident #5's] decubitus?" LPN #1 stated, "On the bottom." LPN #1 was asked, "Would [Resident #5] need a cushion?" LPN #1 stated, "I would say so."

ll. On 11/26/08 at 10:20 a.m., Assistant Director of Nursing (ADON) #2 was asked if the resident

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F 314	Continued From page 13 had a cushion in her geri chair. ADON #2 stated, "No, not that I'm aware of." ADON #2 was asked, "Where is her decubitus?" ADON #2 stated, "Coccyx." ADON #2 was asked if the resident should have a cushion. ADON #2 stated, "We was talking about that and we were trying to decide. Last week was when we talked about it." mm. On 11/26/08 at 11:15 a.m., the Administrator stated a new Treatment Nurse had been hired due to concerns with the current Treatment Nurse's assessments. nn. On 11/26/08 at 11:55 a.m., the Director of Nursing (DON) and ADON #1 were asked to measure and stage the resident's pressure ulcers. The ADON stated the pressure ulcer on the coccyx, "was a Stage 4 but now is a healing Stage III." The ADON measured the area as 2.5 cm long, 1.4 cm wide and 1.3 cm deep at the 12:00 o'clock position from undermining. The pressure ulcer on the right inner foot at the bunion area measured 1.1 cm long, by 0.8 cm wide and was described by the ADON as a "Stage 2, with an inner area measuring 0.3 cm by 0.3 cm, cracked black area in the center which is a Stage 4." The pressure area on the right great toe pad (lateral aspect of the right toe) was measured as 1 cm by 0.8 cm and was described as a Stage 2 by the ADON. oo. The manufacturer's instructions for the Theraboots were provided by the Administrator on 11/26/08 and documented the following: "...Concerns... Build wearing time gradually as patient tolerates; if any redness or pain is experienced, remove orthosis for 2 hours and re-apply. Nursing interventions for footdrop... Check skin integrity carefully each time orthosis is	F 314		

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removed; if any redness persists beyond timeoff period, leave orthosis off until redness disappears and reduce time on by 1 hour..."

pp. On 11/25/08 at 11:58 a.m., CNA's #2 and #3 removed the resident's socks and Theraboots from both her feet for a skin audit. On completion of the skin audit, the CNA's replaced the socks and Theraboots. The wounds on the resident's feet were covered by the Theraboots, instead of being left open to air as ordered by the physician.

qq. On 11/25/08 at 1:20 p.m., the Treatment Nurse provided wound care to the coccyx. The resident was positioned on her left side with the inner aspect of the right foot against the bed. There were Theraboots on both feet. The Treatment Nurse stated all the pressure sores for this resident were staged as Stage 4. The Treatment Nurse stated, "I don't do anything to the feet except look at them." The Treatment Nurse was asked why the resident had on Theraboots and why the resident's feet were not on pillows to keep pressure off the inner aspect of the right foot. The Treatment Nurse stated, "It's the policy put Theraboots on all residents with feet decubitus and I was told the resident didn't need to float [have feet offloaded] because of the air mattress."

rr. On 11/25/08 at 3:15 p.m., the resident was in bed on the left side. Theraboots were present bilaterally. The inner right foot was against the mattress.

ss. On 11/25/08 at 4:57 p.m., the resident had Theraboots on both feet while sitting up in the geri chair, instead of having the wounds on her feet open to air as ordered by the physician.

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F 314	Continued From page 15 tt. On 11/25/08 at 6:17 p.m., CNA #1 was asked if anything special was done to help keep pressure off of the resident's feet. CNA #1 stated, "Put Theraboots on the feet - on all the time she's in bed. uu. On 11/26/08 at 9:15 a.m., the resident was in bed on her left side. Theraboots were present bilaterally. The inner right foot was against the mattress. CNA #4 was asked if there was any pressure on the inside of the right foot. CNA #4 stated there was pressure present. vv. On 11/26/08 at 9:45 a.m., CNA #3 stated she had worked in the facility for 2 years. CNA #4 was asked if anything other than cushions were used to help prevent pressure for this resident. CNA # 3 stated, "Wedges, boots on all the time while in bed." ww. On 11/26/08 at 12:32 p.m., the Treatment Nurse was asked if she was responsible for measuring and staging pressure ulcers. The Treatment Nurse stated, "Yes." The Treatment Nurse was asked what the physician order, "leave open to air" for the pressure areas on the resident's feet meant. The Treatment Nurse stated, "No dressings, just check it." The Treatment Nurse was asked if the resident had a physician order for the Theraboots. The Treatment Nurse stated, "No, it's house policy."	F 314		
F 431 SS=E	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug	F 431		

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F 431	Continued From page 16 records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications requiring refrigeration were stored at the manufacturer's recommended storage temperature or in accordance with accepted standards of practice. The failed practice had the potential to affect all 91 residents in the facility, as documented on the Roster/Sample Matrix	F 431		

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provided by the Administrator on 11/10/08. The findings are:

On 11/10/08 at 2:02 p.m., the temperature in the North medication room refrigerator registered 19 degrees Fahrenheit (F.). Licensed Practical Nurse (LPN) #1 was asked to read the refrigerator thermometer to the Surveyor at this time. The LPN stated, "About 19 degrees. What temperature should it be?" The Temperature Log posted on the refrigerator documented temperatures were checked on the 11:00 p.m. to 7:00 a.m. shift.

a. The following medications were stored in the North medication room refrigerator:

1.) Twenty-three 1-milliliter (ml) vials of Hepatitis B Vaccine.

2.) Two vial of tuberculosis vaccine.

3.) One multi-dose vial of influenza vaccine. The manufacturer's label on this vial documented the recommended storage temperature as, "35 to 46 degrees."

4.) One box of 12 individual packets of Lactinex.

5.) Twenty-five boxes of pneumonia vaccine. Thirteen of the boxes were in a Ziploc bag and the other 12 boxes were shrink-wrapped together. The manufacturer's label on the boxes documented the recommended storage temperature as, "35 to 46 degrees." The Ziploc bag of pneumonia vaccine had a ColdMark Freezing Indicator which documented, "This product monitors temperature exposure ... if the bulb appears violet in color, store the product and

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contact your PPOC [Project Point of Contact] for further instructions prior to using ..."

6.) Three multi-dose vials of Novalog Insulin. The labels on these vials documented, " ...avoid freezing."

7.) Three multi-dose vials of Novalog N Insulin. The package insert documented: "Insulin should be stored in a cold place (36 - 46 F ...) preferably in a refrigerator, but not in the freezing compartment. Do not let it freeze ..."

8.) Two multi-dose vials of Novalog R Insulin.

9.) Three bottles of Xalatan eye drops.

10.) One bottle of Travatan eye drops. The manufacturer's label documented: "Store 36 to 77 degrees ..."

11.) Two vials of Procrit injection solution.

12.) Three 1-ml vials of Aranesp.

13.) Seven vials of injectable Lorazepam were stored in the see-through lockbox of the refrigerator.

14.) Three boxes of Phenergan suppositories. One of the boxes was frozen to the freezer compartment of the refrigerator.

15.) Two multi-dose vials of Novolin 70/30 Insulin.

b. On 11/10/08 at 2:30 p.m., LPN #2 was asked if the refrigerator temperatures were also checked by the day shift personnel. The LPN stated, "No,

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F 431	Continued From page 19 11 to 7 [11:00 p.m. to 7:00 a.m.] shift does it." c. On 11/10/08 at 3:05 p.m., the Assistant Director of Nursing (ADON) was asked, "Do you check the refrigerator temperatures during the day?" The ADON stated, "We check to see that 11 to 7 documented a temperature and if they documented a problem."	F 431		