

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

PRINTED: 10/06/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2006
NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143	
(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 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:</p> <p>Complaint #11959 was substantiated in these findings:</p> <p>Based on record review and interview the facility failed to ensure that a coordination of care and a revised plan of care was made for 1(Resident #1) of 4 (Resident's #1, #11, #12 and #13) case mix residents with physician orders for hospice. This failed practice had the potential to affect 14 residents with physician orders for Hospice as documented on a listing provided by the Nurse Consultant on 9/20/06 at 3:00 p.m.. The findings are:</p> <p>1. Resident #1 had diagnoses of Dehydration, Congestive Heart Failure, Diabetes Mellitus, Anemia and Nutritional Deficiency. The Quarterly Minimum Data Set (MDS)dated 7/3/06 documented the resident was moderately impaired in cognitive skills for daily decision</p>	F 282		

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>making and required total assistance with Activities of Daily Living.</p> <p>a. The Nurses note dated 8/27/06 at 10:00 a.m. LPN.(Licensed Practical Nurse) called RN (Registered Nurse) too room to evaluate s/s/ (signs and symptoms) respiratory distress. Observed Res'd (Resident) expiratory moans, labored resp. (respiration). Rhonchi dispersed, difficult to auscultate due to moaning. Temp (temperature) 99 [degrees] AX (axillary), skin very warm [and] dry to touch. MD (Medical Doctor) notified [at] 10:15 a.m.. Monitoring status awaiting call back. Note Res'd recently (8/18/06) dx (diagnosis) shingles. Contd (Continue to receive Valtrex... 10:30 a.m. Respirations 37, cont (continue) moaning on exp(expiration) Pulse 106 Pulse Ox (oxygen) 85. O2 (Oxygen) started per NC (Nasal Cannula) [at] 2 LPM (liters per minute) MD order rec (received) [and] processed to send to ER (emergency room) EMS (Emergency Medical Service) notified [at] 1040, arrived, transferred to stretcher [and] left the facility [with] resd (resident) at approx (approximately) 1050. Res'd alert [at] time of transfer... 11:00 Called report to [Medical Center] ER (emergency) Nurse..."</p> <p>b. Nurses note dated 9/5/06 documented, "... 85 [year old] female readmit... was transported from [Medical Center] to facility via ambulance. [Resident] alert [and] able to make needs known [no] [complaint] pain on readmission- HR (heart rate) irreg (irregular) apical pulse resp (respiration) even [and] unlab (unlabored) [with] bilat (bilateral) crackles noted Abd (abdomen) f/s (flat and soft) NT (nontender)[with] BS (bowel sounds) [positive] [times] 4 heal protectors in use O2 [at] 2 L(Liters) per NC (nasal cannula) in use</p>	F 282			

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F 282	<p>Continued From page 2</p> <p>[at] this time Total Care/DNR (Do Not Resuscitate) [and] Hospice cont (continue) skin W/D (warm and dry)..."</p> <p>c. Physician orders dated 9/5/06 documented "...Continue DNR and Hospice."</p> <p>d. As of 9/20/06, there was no documentation available for review documenting the resident was a DNR.</p> <p>e. On 9/20/06 at 10:00 a.m. after complete review of the clinical record the current plan of care was not updated with the continued orders for Hospice. No coordination of services provided by hospice specified in the plan or care and not Hospice care plan found in the clinical record.</p> <p>2. On 9/20/06 at 10:15 a.m., Hospice Registered Nurse #1 stated, "We usually meet with the Nursing Home Nurse and review the care plan and any changes, we just got the DNR (Do Not Resuscitate) signed by the doctor today. We had to take it by his office. The family signed the DNR on 8/7/06 when we admitted the resident to Hospice.</p> <p>3. On 9/20/06 at 10:40 a.m.. the Director of Nursing (DON) was asked about the resident's DNR/ Hospice status, and the DON stated, "We were not notified by Hospice of the resident's DNR status, they picked her up while she was in the hospital." The DON was provided a copy of the resident's DNR and stated....."and nobody here (facility) followed up on it."</p> <p>4. The State Operations Manual, Appendix P-Survey Protocol for Long Term Care Facilities - Part I, Task 6, K. Review of a Resident Receiving</p>	F 282			

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F 282	Continued From page 3 Hospice Care documented, "When a facility resident has also elected the Medicare hospice benefit, the hospice and the nursing home must communicate, establish, and agree upon a coordinated plan of care for both providers which reflects the hospice philosophy, and is based an assessment of the individual's needs and unique living situation in the facility. The plan of care must include directives for managing pain and other uncomfortable symptoms and be revised and updated as necessary to reflect the individual's current status..."	F 282			
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that blood glucose levels were monitored for 1 (Resident #1) of 2 (Residents #1 and #7) case mix residents with Diabetes Mellitus. This failed practice had the potential to affect 32 residents in the facility with diabetes as documented by the Assistant Director of Nursing on 9/22/06 at 9:00 a.m. The findings are: Resident #1 had diagnoses of Diabetes Mellitus, Dehydration, Congestive Heart Failure, Anemia and Nutritional Deficiency. The Quarterly Minimum Data Set (MDS)dated 7/3/06	F 309			

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F 309	Continued From page 4 documented the resident was moderately impaired in cognitive skills for daily decision making and required total assistance with Activities of Daily Living. a. On the July 2006 Physician Orders, a physician order dated 6/19/06 documented, "FSBS (Finger stick blood sugars) twice weekly, on Monday and Friday". b. Review of the resident's clinical record documented the resident was transferred to the hospital on 7/21/06 and readmitted to the facility on 7/27/06. c. The readmission physician orders, dated 7/27/06 did not document any FSBS, parameters for sliding scale insulin or monitoring of the resident's diabetes. d. Nurses Notes dated 8/27/06 at 10:30 a.m., documented, "respirations 37, continues moaning on inspiration. Pulse 106, Pulse ox, 85, O2 (oxygen) started per nasal canula at 2 liters per minute. M.D. (Medical Doctor) orders received and processed to send to ER (emergency room)...." e. Hospital records and laboratory data dated 8/27/06 at 11:43 a.m. documented, "Glucose: 499 HC (High Critical) and panic call 8/27/06 at 11:43 a.m. to the emergency room." f. On 9/21/06 at 10:30 a.m., the DON (Director of Nursing) was asked to explain the system the facility had in place for verification of readmission orders after hospitalization. The DON stated the nurse on duty or the Resident Care Coordinator logs in the readmission orders and checks them.	F 309			

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F 309	Continued From page 5 The DON was asked if any nurse had notified the physician concerning the lack of orders for the FSBS the resident had previously received and the DON stated, "No, this is the first I knew about it." g. On 9/21/06 at 3:15 p.m., LPN #1 was asked if she had readmitted the resident on 7/27/06. LPN #1 stated, "Yes." LPN #1 was then asked, when you readmit a resident to the facility, do you compare or check the readmission orders against the previous orders? LPN #1 stated, " I usually do, but this one just slipped through the crack."	F 309			
F 371 SS=E	483.35(i)(2) SANITARY CONDITIONS - FOOD PREP & SERVICE The facility must store, prepare, distribute, and serve food under sanitary conditions. This REQUIREMENT is not met as evidenced by: Complaint #11998 was substantiated in these findings. Based on observation and interview, the facility failed to ensure that the kitchen area was free of pest and debris. The failed practice had the potential to affect 171 residents who received meal trays from the kitchen according to the list provided by the facility on 9/21/06. The finding are: 1. On 9/20/06 at 9:30 a.m., the following observations made were:	F 371			

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F 371	<p>Continued From page 6</p> <p>a. There were 4 floor tiles missing by the dish machine approximately 2 by 2 inch. The area where the tiles were missing had water standing and food particles in them. There was an odor permuting from the debris in the tiles.</p> <p>b. There were two roaches crawling on the wall in the dish washing machine room. There was a dead roach on the floor by the dish machine.</p> <p>c. There was a roach moving inside the dish rack that was on the floor against the wall in the dish washing machine room.</p> <p>d. The Dietary employee #1 stated, "Eco Lab man has been here months ago."</p> <p>e. The maintenance man stated, "We switched to Eco lab in may and they come once every month to spray [meaning they spray for pest]."</p> <p>2. a. On 9/21/03 at 11:35 a.m., a staff member stated, "We served on paper from about 9/7/06 to 9/11/06 because dietary saw roaches crawling on the plate covers and trays in the kitchen. Eco lab came out 9/11 to 9/12.</p> <p>3. b. On 9/21/06 at 2:06 p.m., Dietary employee #2 stated, "It smells there [in the dish room] where the water is standing."</p> <p>4. On 9/21/06 at 2:15 p.m., Dietary employee #3 stated, "It sinks there because of the tiles."</p> <p>5. On 9/21/06 at 6:12 p.m., a roach was crawling on the pipe of the dish washing machine.</p>	F 371			