

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

PRINTED: 11/12/2008
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 10/30/2008
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 332 SS=E	<p>Complaint #13986 was substantiated (all or in part) with a deficiency cited at F332.</p> <p>483.25(m)(1) MEDICATION ERRORS</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #13986 was substantiated (all or in part) with these findings.</p> <p>Based on observation of the 8:00 a.m. medication pass on 10/29/08 and record review, the facility failed to ensure the medication rate was less than 5%. Physician orders were not followed for 3 (Residents #7, #8 and #9) of 8 residents observed during the medication pass, which resulted in medication errors. Medication errors were made by 3 Licensed Practical Nurses (LPN's #1, #2 and #3) of 5 nurses who administered medication. This failed practice had the potential to affect 98 residents who received medication from these nurses, as identified by Registered Nurse (RN) #1 on 10/29/08. The medication error rate was 8.51%, based on observation of 46 medications administered, 1 medication ordered but not administrated and a total of 4 errors detected. The findings are:</p> <p>1. Resident #7 had a physician order dated 8/15/08 to flush the Percutaneous Endoscopic Gastrostomy (PEG) tube with 60 milliliters (ml) of water before and after medication administration.</p> <p>a. On 10/29/08 at 7:56 a.m., LPN #1</p>	F 332		

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 332	<p>Continued From page 1</p> <p>administered medications through the resident's PEG tube but did not flush the tube with water before or after the medications were administered.</p> <p>b. The Centers for Medicare and Medicaid Services (CMS) Interpretive Guidelines at F332 documented: "Flush the enteral feeding tube with at least 30 ml of preferably warm water before and after medications are administered..."</p> <p>2. Resident #8 had a physician order dated 8/1/04 for Colace 100 milligrams (mg), 2 capsules daily.</p> <p>On 10/29/08 at 9:07 a.m., LPN #2 administered only one Colace 100 mg capsule to the resident, instead of 2 capsules as ordered by the physician.</p> <p>3. Resident #9 had a physician order dated 6/21/08 for Patanol eye drops, 2 drops in each eye daily.</p> <p>On 10/29/08 at 9:22 a.m., LPN #3 administered only one drop of Patanol to each eye, instead of 2 drops to each eye as ordered by the physician.</p> <p>4. Resident #9 had a physician order dated 6/21/08 for Ativan 5 mg daily.</p> <p>On 10/29/08 at 9:22 a.m., LPN #3 administered the resident's 8:00 a.m. medications but did not administer the Ativan 5 mg which was scheduled to be administered at this time.</p>	F 332			