

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

PRINTED: 01/05/2007
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 12/06/2006
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 426 SS=E	<p>Complaint #12173 was substantiated, all or in part, with deficiencies cited at F426.</p> <p>Complaint #12083 was unsubstantiated.</p> <p>483.60(a) PHARMACY SERVICES - PROCEDURES</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #12173 was substantiated, all or in part, with these findings.</p> <p>Based on observation, record review and interview the facility failed to completely administer all doses of antibiotics for 3 (Resident's #2, #7 and #9) of 4 (Resident's #2, #7, #8 and #9) case mix residents as ordered per physician orders to complete the schedule medications. This failed practice had the potential to affect 25 residents in the facility receiving antibiotic therapy according to the Resident Census and Conditions of Residents form dated 12/05/06. The findings are:</p> <p>1. Resident #2 was diagnosed with Urinary Tract Infection on 10/27/06. The Minimum Data Set dated 10/16/06 documented that the resident had modified independent cognitive skills for daily decision making, required extensive assistance of one person for toileting and personal hygiene, was incontinent of bowel and bladder and had a</p>	F 426		

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 426	Continued From page 1 respiratory infection. a. Physician Orders dated 10/31/06 documented, "Urised ii (two) tab (tablets) po (by mouth) QID (four times daily) x (times) 5 days". b. The Temporary Problem List form dated 10/31/06 documented, "Problem : Burning when urinating ... Approaches: Urised [2] PO QID x 5 days". c. Nurse's Notes dated 11/1/06 documented (no time documented for the note), "call into lab at [Hospital] requesting UA [with] C & S results be faxed; waiting on fax". d. On 11/3/06 the Nurse's Notes documented (at no time noted) "R (resident) family member approached this nurse r/t (related to) call she received today from Dr (doctor) office telling her about the E Coli (Escherichia coli) that was found on her mother's UA earlier this week; the family member approached this nurse upset asking why did we not start abt (antibiotics) on her until 10/31/06, because [Physician's] nurse stated she gave you the order on 10/27/06; this nurse explained that we received orders for Urised only and that was only after we called [Physician's] office and called attention to it on 10/31/06; call into [Physician's] office r/t situation and explained R cont (continues) to have pain c urination, odor, and c/o (complains) feeling sick regardless of being afebrile and family is concerned; received order for Primaxin 500 mg (milligrams) q (every) 8 h (hours) IV (intravenous) x (times) 7 days. Family notified". e. On 12/6/06 at 10:27 a.m., the Director of nursing was asked why the facility staff did not	F 426			

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F 426	<p>Continued From page 2</p> <p>request the C & S results until 11/1/06. She stated "I guess because we knew the lab faxes the results to the physician and the doctor calls us with any orders. We should have got the lab results sooner". She also stated, "There have not been an inservice on receipt of lab results timely or notification of the physician of the laboratory results.</p> <p>f. Physician Orders dated 10/31/06 documented, "Primaxin 500 mg (milligrams) q 8 h IV x 7 days".</p> <p>g. The Medication Administration Record for November 2006 documented that Primaxin 500 mg was to be given every 8 hours for 7 days at , 0500 (5:00 a.m.), 1300 (1:00 p.m.) and at 2100 (9:00 p.m.). This would be a total of 21 doses of the medication. The first dose was given at 2100 (9:00 p.m.) on 12/3/06 and the final dose was documented as being given on 12/10/06 at 9:00 p.m. There was no initials to verify that the medication had been given on 12/10/06 at 9:00 p.m. and not initials to verify that the medication had been given for the 5:00 a.m. dose on 12/9/06.</p> <p>h. Primaxin 500 mg was discontinued on 11/10/06 after the 9:00 p.m. dose documented on the November 2006 MAR (Medication Administration Record). The MAR documented the administration of 20 doses. The physician Orders were for 21 doses. By MAR documentation this medication was begun on 11/3/06 at 9:00 p.m. The schedule would indicate that a total of 21 doses would have been given with the 1:00 p.m. dose on 11/10/06.</p> <p>2. Resident #8 had a diagnosis of Pressure Ulcers. The Minimum Data Set dated 11/2/06</p>	F 426			

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F 426	<p>Continued From page 3</p> <p>documented the resident had moderately impaired cognitive skills for daily decision making and had three Stage IV Pressure Ulcers.</p> <p>a. Physician Orders dated 11/29/06 documented, "Cipro 500 mg (milligrams) PO (by mouth) BID (twice daily) x (times) 7 days".</p> <p>b. Physician Orders dated 12/5/06 documented, "Repeat Cipro x 7 days".</p> <p>c. Cipro 500 mg BID was first documented on the MAR on 11/30/06 at 8:00 a.m.. This medication was documented as scheduled on the MAR for an 8 a.m. and 8:00 p.m. dose.</p> <p>d. On 12/6/06 at 9:03 a.m., the Assistant Director of Nursing reconciled the Medication Card, MAR and Physician Orders. These observations validated that 11 of 13 doses had been administered.</p> <p>3. Resident #9 had a diagnosis of UTI [Urinary Tract Infection]. The Minimum Data set documented that the resident had moderately impaired cognitive skills for daily decision making, required total assistance for toilet use and extensive assistance for personal hygiene.</p> <p>a. On 11/27/06 the lab results for a urine culture and sensitivity documented, "Greater than 100,000 CFU/ML of Escherichia Coli".</p> <p>b. On 11/29/06 the Physician Orders documented, "Ceftin 250 mg i [one] po [by mouth] Bid (twice daily) x 7 days/UTI [Urinary Tract Infection]".</p> <p>c. Ceftin 250 mg was documented as first given</p>	F 426			

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F 426	Continued From page 4 on the MAR at 9:00 a.m. on 11/30/06.	F 426			
F 505 SS=D	<p>d. On 12/6/06 at 9:03 a.m. the Assistant Director of Nursing reconciled the Medication Card, MAR and Physician Orders. These observations validated that only 13 of the 14 ordered doses had been administered.</p> <p>483.75(j)(2)(ii) LABORATORY SERVICES</p> <p>The facility must promptly notify the attending physician of the findings.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to report laboratory results for a urinalysis to the physician timely for 1 case mix residents (Resident's #2) of 3 case mix residents (Resident's #2, #7 and #9) who had orders for lab. This failed practice had the potential to affect 15 residents in the facility had physician orders for labs for the month of October according to the Diagnostic Testing Form dated 12/06/06. The findings are:</p> <p>1. Resident #2 was diagnosed with Urinary Tract Infection on 10/27/06. The Minimum Data Set dated 10/16/06 documented that the resident had modified independent cognitive skills for daily decision making, required extensive assistance of one person for toileting and personal hygiene, was incontinent of bowel and bladder and had a respiratory infection.</p> <p>a. Physician Orders dated 10/23/06 documented, "UA (urinalysis) c (with) C & S (culture and sensitivity) r/t (related to) odorous urine & burning c urination".</p>	F 505			

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F 505	Continued From page 5 b. Nurses Note dated 10/23/06 at 1420 (2:20 p.m.) documented, "R (Resident) c/o (complaint of) burning [with] urination this shift and odor noted [with] peri care, order received from [physician] for UA [with] C & S ...". c. The laboratory report dated 10/23/06 for the urinalysis documented, "nitrite positive, blood 2+, leukocytes 3+, WBC (white blood cells) TNTC (too numerous to count), RBC (red blood cells) TNTC and bact (bacteria) 3+. The laboratory report had a handwritten statement which documented, "faxed to [Physician] 11/3/06", with facility staff initials affixed. A copy of the same laboratory report had a handwritten statement which documented, "faxed to [Physician] 11/1/06", with facility staff initials affixed. d. The final laboratory report for the lab urine culture obtained on 10/23/06 dated, 10/27/06 documented, "Escherichia coli > (greater than) 100,000 organisms/ml (per millimeter)". There was no documentation that the physician was notified of this report. e. Physician Orders dated 10/31/06 documented, "Urised ii (two) tab (tablets) po (by mouth) QID (four times daily) x (times) 5 days". f. The Temporary Problem List form dated 10/31/06 documented, "Problem : Burning when urinating ... Approaches: Urised [2] PO QID x 5 days". g. Nurse's Notes dated 11/1/06 documented (no time documented for the note), "call into lab at [Hospital] requesting UA [with] C & S results be faxed; waiting on fax".	F 505			

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F 505	Continued From page 6 h. On 11/3/06 the Nurse's Notes documented (at no time noted) "R (resident) family member approached this nurse r/t (related to) call she received today from Dr (doctor) office telling her about the E Coli (Escherichia coli) that was found on her mother's UA earlier this week; the family member approached this nurse upset asking why did we not start abt (antibiotics) on her until 10/31/06, because [Physician's] nurse stated she gave you the order on 10/27/06; this nurse explained that we received orders for Urised only and that was only after we called [Physician's] office and called attention to it on 10/31/06; call into [Physician's] office r/t situation and explained R cont (continues) to have pain c urination, odor, and c/o (complains) feeling sick regardless of being afebrile and family is concerned; received order for Primaxin 500 mg (milligrams) q (every) 8 h (hours) IV (intravenous) x (times) 7 days. Family notified". i. On 12/6/06 at 10:27 a.m., the Director of nursing was asked why the facility staff did not request the C & S results until 11/1/06. She stated "I guess because we knew the lab faxes the results to the physician and the doctor calls us with any orders. We should have gotten the lab results sooner". She also stated, "There have not been an inservice on receipt of lab results timely or notification of the physician of the laboratory results.	F 505			