

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

PRINTED: 03/23/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2007
NAME OF PROVIDER OR SUPPLIER ST. ANDREWS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3501 COLLEGE AVENUE CONWAY, AR 72032		
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F 000	INITIAL COMMENTS	F 000			
F 282 SS=E	<p>Complaint #12378 and 12271, unsubstantiated.</p> <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: Based on observation, record review and interview, the facility failed to ensure thickened liquids were served for 1 (Resident #7) of 2 case mix residents (Residents #2 and 7) who had a physician order for nectar thickened liquids. The facility failed to ensure Arginaid was mixed with 8 ounces of liquid for for 1 of 1 case mix resident (Resident #15) who had a physician order for Arginaid. The facility failed to ensure health shakes were served for 1 (Resident #1) of 3 (Resident #1, #2, and #15) case mix residents who had a physician order for health shakes. The facility failed to ensure flushes were administered as ordered for 1 (Resident #6) of 3 (Resident #5, 6 and 17) case mix residents who required Percutaneous Enteral Gastrostomy (PEG) flushes on the 200 Hall. The facility failed to ensure bunny boots were applied for 1 (Resident #2) of 3 (Resident #2, 5 and 13) case mix residents who had a physician order for bunny boots. These failed practices had the potential to affect 16 residents who had a physician order for thickened liquids according to the Diet List dated 2/28/07, 3 residents who received Arginaid according to Licensed Practical Nurse (LPN) #1 on 2/28/07, and 15 residents who had a physician order for</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>health shakes and 3 residents on the 200 Hall who required PEG tube flushes according to the Director of Nursing on 3/2/07 at 9:15 a.m., and 7 residents who had a physician order for bunny boots according to a list dated 3/2/07. The findings are:</p> <p>1. On 2/28/07 at 11:40 a.m., the label on the can of Thicken Up documented the following amounts of thickener per measuring t. (teaspoon) with 4 ozs (ounces) of liquid:</p> <p>a. Nectar-like consistency for orange juice, 2 and 1/2 t; apple juice and cranberry juice, 1 tablespoon (T); milk, water, coffee and tea, 1 T plus 1 t.</p> <p>b. Honey-like consistency for orange juice, 1 T plus 1/2 t; apple juice and cranberry juice, 1 T plus 1 t; milk, water, coffee and tea, 1 T plus 1 and 1/2 t.</p> <p>c. Pudding (spoon thick) consistency for orange juice, 1 T plus 1 and 1/2 t; apple juice and cranberry juice, 1 T plus 2 t; milk, water, coffee and tea, 2 T.</p> <p>2. On 2/28/07 at 11:20 a.m., Dietary Employee #1 was mixing thickener in water with a plastic spoon. Dietary Employee #1 was asked how she made thickened water and she stated she used 1 and 1/2 plastic t thickener for nectar, 2 and 1/2 plastic t for honey and 3 plastic t for pudding consistency for 8 ozs of liquid except tea.</p> <p>3. On 2/28/07 at 4:30 p.m., Dietary Employee #2 made thickened liquids for the 8:00 p.m. hydration cart. Dietary Employee #2 stated she used a measured t for thickener and put 1 t for nectar</p>	F 282			

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F 282	<p>Continued From page 2</p> <p>consistency, 2 t for honey consistency and 3 t for pudding consistency in 8 ozs. of water.</p> <p>4. Resident #7 had diagnoses of Gastroesophageal Reflux Disease and Diabetes Mellitus. The Quarterly Minimum Data Set (MDS) dated 2/6/07 documented the resident had modified independence in cognitive skills for daily decision making, was independent for eating with set-up help only, and had no oral problems.</p> <p>a. A physician order dated 10/25/06 documented, "LCS (low concentrated sweets) diet w (with)/ Nectar thickened liquids."</p> <p>b. On On 2/27/07 at 12:35 p.m., the sitter got a can of Glucerna and the resident drank the Glucerna. The sitter did not thicken the Glucerna.</p> <p>c. On 2/27/07 at 5:27 p.m., the resident was served milk that was not thickened.</p> <p>d. On 2/28/07 at 12:20 p.m., the resident was served 4 ounces of thickened apple juice. The sitter stirred the apples juice with a straw and the juice was runny and thin.</p> <p>5. Resident #15 had diagnoses of Chronic Obstructive Pulmonary Disease and Dermatitis. The Quarterly MDS dated 10/3/06 documented the resident had modified independence in cognitive skills for daily decision making and had 2 Stage II pressure ulcers.</p> <p>a. A physician order dated 9/19/06 documented Arginaid (give in 8 ozs of liquid) 1 pkg by mouth 2 times daily for wound healing.</p> <p>b. On 2/27/07 at 6:15 p.m., LPN (Licensed</p>	F 282			

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F 282	<p>Continued From page 3</p> <p>Practical Nurse) #1 poured Lactulose syrup in a 5 oz. cup, added 1 package of Arginaid powder to the Lactulose syrup, then poured water to 3 ozs. instead of 8 ozs.</p> <p>6. Resident #2 had diagnoses of Huntington's Chorea, Alzheimer's Dementia, and Contracture. A Quarterly Minimum Data Set (MDS) dated 12/5/06 documented the resident was severely impaired in cognitive skills for daily decision making and received preventive or protective foot care.</p> <p>a. A physician order dated 4/14/06 documented Bunny Boots at all times.</p> <p>b. On 2/27/07 at 9:35 a.m., 11:15 a.m., and 12:10 p.m., and 2/28/07 at 8:20 a.m., the resident was in a geri chair and not wearing Bunny Boots.</p> <p>c. On 2/28/07 at 11:00 a.m., the resident was in a geri chair and not wearing Bunny Boots. The resident was transferred to bed by CNA (Certified Nursing Assistant (CNA) #1 and 2 and given incontinent care. The CNA's did not place the Bunny Boots on the resident's feet after completing incontinent care.</p> <p>7. Resident #1 had a diagnosis of Anemia. A Quarterly MDS dated 12/18/06 documented the resident was independent in cognitive skills for daily decision making, independent in eating and did not have a weight loss.</p> <p>a. A physician Order dated 6/30/05 documented, Health Shakes 3 times a day with meals.</p> <p>b. On 2/27/07 at 12:00 p.m., the resident was in her room and was served a lunch tray. There was</p>	F 282			

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F 282	Continued From page 4 no Health Shake on the tray. c. On 2/27/07 at 2:25 p.m. the resident stated, "I've not had a Health Shake today." 8. Resident #6 had a diagnosis of Huntington's Chorea. The Annual MDS dated 12/5/06 documented the resident was moderately impaired in cognitive skills for daily decision making, received 76 to 100% of nutrition and fluids through a feeding tube, was bedfast, and totally dependent for all Activities of Daily Living. a. A physician order dated 2/20/07 documented, "[Check] residual q (every) 8 hrs (hours); if greater than 150 ml (milliliters), hold tube feeding for 2 hrs. & re-[check]." b. The next telephone physician order, (not dated), documented, "Flush tube with 50 ml of H2O (water) p (after) meds (medications)." c. The February 2007 Medication Administration Record (MAR) documented, "Check placement of G (gastrostomy) -tube before administration of medications and flush with at least 30 ml of warm H2O before and after medication administration." The MAR did not document to check for residual and flush with 50 ml of water after administering medications. d. On 3/1/07 at 2:00 p.m., LPN #2 was asked where the documentation for the residual checks were. LPN #2 did not know what surveyor was talking about. LPN #2 stated that it wasn't on her MAR so she had never done it.	F 282			
F 312 SS=E	483.25(a)(3) ACTIVITIES OF DAILY LIVING A resident who is unable to carry out activities of	F 312			

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F 312	<p>Continued From page 5</p> <p>daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure the pubic area and the labia were cleaned during incontinent care for 3 (Resident #2, 3 and 5) of 9 case mix residents (Resident #2, 3, 4, 5, 6, 9, 10, 13 and 15) who resided on the 200 Hall and required incontinent care. The facility failed to ensure nail care was provided for 1 (Resident #2) of 4 (Resident #1, 2, 4 and 5) case mix residents who required assistance with nail care. These failed practices had the potential to affect 75 residents who were incontinent and 25 residents who required assistance with nail care according to a list provided by the DON on 3/2/07 at 8:50 a.m. The findings are:</p> <p>1. Resident #2 had a diagnosis of Huntington's Chorea. The Annual Minimum Data Set (MDS) dated 12/5/06 documented the resident was moderately impaired in cognitive skills for daily decision making, totally dependent on staff for all Activities of Daily Living an incontinent.</p> <p>a. On 2/27/07 at 8:55 a.m., CNA (Certified Nursing Assistant) #1 and 2 provided incontinent care. CNA #1 cleansed the rectal area then placed a clean incontinent brief on the resident. The CNA's did not cleanse the pubic area nor spread the labia and cleanse the labial folds.</p> <p>b. The Plan of Care dated 12/5/06, documented</p>	F 312			

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F 312	Continued From page 6 to ensure the resident was kept clean, neat and well groomed. c. On 2/27/07 at 9:35 a.m., the resident was sitting in a geri chair. The resident's fingernails were long, extending approximately 1/4 inch past the end of the fingers, and jagged. 2. Resident #3 had diagnoses of Alzheimer's Disease with Dementia. The Quarterly MDS dated 1/9/07 documented the resident was severely impaired in cognitive skills for daily decision making, totally dependent on staff for all Activities of Daily Living and incontinent. On 2/28/07 at 10:35 a.m., CNA #1 and 2 provided incontinent care. CNA #2 cleaned the rectal area of stool then placed a clean incontinent brief on the resident. The CNA's did not cleanse the pubic area nor spread the labia and cleanse the labial folds. 3. Resident #5 had diagnosis of Dementia with Delirium. A Quarterly MDS dated 1/3/07 documented the resident was moderately impaired in cognitive skills for daily decision making, totally dependence for toilet use, and frequently incontinent of bowel and bladder. On 2/28/07 at 11:00 a.m., CNA #1 and 2 performed incontinent care. CNA #2 stated that the resident was wet. CNA #2 cleansed the rectal area and buttock with cleanser on disposable wipes. The front of the resident was never cleansed during the procedure.	F 312			
F 322 SS=D	483.25(g)(2) NASO-GASTRIC TUBES Based on the comprehensive assessment of a resident, the facility must ensure that a resident	F 322			

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F 322	<p>Continued From page 7</p> <p>who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure the head of the bed remained elevated at 30 degrees during infusing of feeding tube formula for 1 (Resident #5) of 3 (Resident #5, 6 and 13) case mix residents who had a tube feeding. This failed practice had the potential to affect 5 residents who had a feeding tube according to the Resident Census and Conditions of Residents form dated 3/2/07. The findings are:</p> <p>Resident #5 had diagnoses of Dementia with Delirium and Anemia. A Quarterly Minimum Data Set (MDS) dated 1/3/07 documented the resident was moderately impaired in cognitive skills for daily decision making, totally dependent for eating, had swallowing problems, and a feeding tube.</p> <p>a. A physician order dated 6/27/06 documented, "Diet: Jevity 1 Cal @ (at) 60 cc (cubic centimeters)/h (hour).</p> <p>b. The Plan of Care dated 7/17/06 documented to keep the head of the bed up at least 30 degrees at all times.</p> <p>c. On 2/27/07 at 5:35 p.m., the resident was in a low bed with the head of the bed flat. Jevity 1 Cal.</p>	F 322			

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F 322	Continued From page 8 was infusing per pump at 60 cc an hour. Licensed Practical Nurse (LPN) #1 administered medications and flushed the feeding tube, and restarted the feeding while the resident was laying in the low bed with the head of the bed flat. d. On 2/28/07 at 8:20 a.m. and 2/28/07 at 9:50 a.m., the resident was in a low bed with the head of the bed flat. Jevity 1 Cal. was infusing at 60 cc per hour at the time.	F 322			
F 325 SS=G	483.25(i)(1) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure dietary recommendations and physician orders for dietary supplements were implemented for 1(Resident #2) of 3 case mix residents (Resident #2, 3 and 11) who had a history of weight loss. This failed practice had the potential to affect 14 residents identified as being at risk for a weight loss according to the Resident Census and Conditions of Resident report dated 2/26/07. The findings are. Resident #2 had diagnoses of Huntington's Chorea and Malnutrition, Depression, Alzheimers and Dementia. A Quarterly Minimum Data Set dated 12/5/06 documented the resident was severely impaired in cognitive skills for daily	F 325			

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F 325	Continued From page 9 decision making, totally dependent for eating and had a weight loss. a. A physician order dated 4/14/06 documented Mighty Shakes with meals 3 times daily. b. A physician order dated 10/26/06 documented Mighty Shakes Plus three times a day. c. The Resident Weight Listing documented the following weights: 1) 8/06 - 161 pounds (lbs). 2) 9/06 - 160 lbs. 3) 10/06 - 122.8 lbs. 4) 11/06 - 124 lbs. 5) 12/06 - 125.6 lbs. 6) 1/07 - 123 lbs 7) 2/07 - 115.9 lbs 8) 2/28/07 - 113 lbs. A loss of 12.6 lbs (10%) in 3 months and 2.9 (2.5%) in 1 month. d. The Interdisciplinary Progress Notes dated 11/29/06 and signed by the Registered Dietician (RD) documented the resident had a 22.5% weight loss in 6 months and was started on Mighty Shakes 3 times a day in October 2006. e. The Interdisciplinary Progress Notes dated 1/24/07 and signed by the RD documented the	F 325			

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F 325	<p>Continued From page 10</p> <p>resident weighed 123.6 pounds and the resident had a 2% weight loss in a month and a 23% weight loss in 6 months. The recommendation was to continue Mighty Shakes 3 times a day.</p> <p>f. The Interdisciplinary Progress Notes dated 2/15/07 and signed by the RD documented the resident weighed 115.9 pounds. The resident had a 5.77% weight loss in one month, 6.53% in 3 months, and a 28.01% in 6 months. The notes also documented, "P.O. (by mouth) intake 98% - assisted with feedings. Recommend [change] Mighty Shakes with meals and add 1 can 2 cal HN with med (medication) pass.</p> <p>g. On 2/27/07 at 12:10 p. m., the resident was not served a shake of any kind with lunch.</p> <p>h. On 2/27/07 at 5:10 p. m., the resident was not served a shake of any kind with supper.</p> <p>i. A physician order dated 2/27/07 documented, 1 can 2 cal HN 4 times a day with med pass due to weight loss. The time span from the time of the Dietician's recommendation and the physician order for 2 Cal HN was 12 days.</p> <p>j. Nurses Note dated 2/27/07 at 1:30 p.m. documented, "dietary recommendations [received] from dietician manager for 2/15/07. Order implemented as per dieticians recommendations..."</p> <p>k. On 2/28/07 at 4:00 p.m., the Director of Nursing was asked about the length of time between the Dietician's recommendation for 2 Cal HN and the physician order for 2 Cal HN. The Director of Nursing stated, "We dropped the ball. The Registered Dietician left the</p>	F 325			

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F 325	<p>Continued From page 11</p> <p>recommendation, but we had a new Dietary Manager. Didn't know who to give the recommendation to."</p> <p>l. On 2/28/06 at 3:26 p.m., the diet card provided by the Dietary Manager documented Mighty Shake at breakfast, lunch and dinner instead of Mighty Shake Plus.</p> <p>m. The January 2007 "FOOD INTAKE RECORD," documented, "...Instructions: Enter percent (%) eaten or mL's of fluid consumed at each snack or meal. For supplements use the following code: o = Offered & % consumed, R = Refused, N = Not offered, A = Alternate offered."</p> <p>1) "AM SNACKS %Eaten 1st through 12th -0%, 13th - blank, 14th through 19th -0%, 20th and 21st blank, 22nd through 31st -0%."</p> <p>2) "FLUID - 1st through 12th -0%, 13th -blank, 14th and 15th 0%, 16th - 120mL's, 17th through 19th - 0%, 20th and 21st blank, 22nd - 0%, 23rd through 25th - 120mLs, 26th through 30th -0%, 31st -120mLs."</p> <p>3) "HS (bedtime) SNACK," had no documentation of any fluids or snacks consumed or offered for the entire month.</p> <p>n. On 3/15/07 the facility was unable to provide the "FOOD INTAKE RECORD," for February 2007.</p> <p>o. The "MARCH 2007 FOOD INTAKE FORM," documented, "AM SNACK % Eaten - 1st through 13th -0%-, PM snack %Eaten 1st through 13th - 0%- Fluids -0%, HS SNACKS - the only date filled in is 4th -0%, the rest of the month is blank.</p>	F 325			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2007
NAME OF PROVIDER OR SUPPLIER ST. ANDREWS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3501 COLLEGE AVENUE CONWAY, AR 72032		
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F 325	Continued From page 12 p. On 3/14/07 at 10:45 a.m., LPN (Licensed Practical Nurse) #2 stated, "I wasn't aware he wasn't eating his snacks or drinking his fluids. No one has told me. I don't check the intake records." q. On 3/14/07 at 11:10 a.m., the DON (Director of Nursing) stated, "The Dietary Manager is monitoring weekly his consumption record." r. On 3/14/07 at 11:30 am the Dietary Manager stated, "I check the intake record for his meals. I don't look at the amount of snacks eaten." s. On 3/14/07 at 11:20 am CNA (Certified Nursing Assistant) #3 stated, "If they are marking 0 on the record, they are just not charting." t. On 3/14/07 at 7:40 p.m. CNA #4 stated, "I give him applesauce or ice cream, but I haven't been charting it. I don't know who puts 0's in the record. What should we be putting on the record?" u. On 3/14/07 at 7:50 p.m. CNA #5 stated, "We are all guilty of putting 0's in the record, I think none of us are sure exactly what to record."	F 325			
F 363 SS=C	483.35(c) MENUS AND NUTRITIONAL ADEQUACY Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.	F 363			

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F 363	<p>Continued From page 13</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the written planned menu was followed. This failed practice had the potential to affect 93 residents who received their meals from the kitchen according to the Diet List dated 2/28/07. The findings are:</p> <p>1. On 2/28/07, the planned written menu for lunch documented 1 pat of margarine for regular diets and 2 pats of margarine and 1 slice of bread for pureed diets.</p> <p>a. On 2/28/07, pureed diets were not served bread with the lunch meal.</p> <p>b. On 2/28/07, no diets (regular or pureed) were served margarine.</p> <p>2. On 2/28/07, the dinner menu for pureed diets documented 2 pats margarine . Margarine was not served to residents on a pureed diet.</p>	F 363			