

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

PRINTED: 04/27/2007
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 R 04/20/2007
NAME OF PROVIDER OR SUPPLIER ST ANDREWS PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 3501 COLLEGE AVENUE CONWAY, AR 72032		
(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 282} SS=E	<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 health shakes were served for 2 (Resident #10 and 11) of 4 case mix residents (Resident #5, 6, 10 and 11) who had a physician order for health shakes. The facility failed to ensure bunny boots were applied for 1 (Resident #1) of 8 (Resident #1, 3, 4, 5, 6, 7, 8, and 9) case mix residents who had a physician order for bunny boots. These failed practices had the potential to affect 20 residents who had a physician order for health shakes according to a list provided by the Director of Nursing 4/18/07 and 14 residents who had a physician order for bunny boots according to a list dated 4/20/07. The findings are:</p> <p>1. Resident #1 had diagnoses of Dementia and Arthritis. The Quarterly MDS dated 1/9/07 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 6/5/06 documented Bunny Boots while in bed.</p> <p>b. On 4/18/07 at 2:35 p.m., the resident was lying in bed asleep. The resident had a pair of white ankle socks on, but was not wearing Bunny Boots.</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}	Continued From page 1 2. Resident #10 had diagnoses of Alzheimer's Disease, and Weight Loss. The Quarterly MDS dated 1/29/07 documented the resident was severely impaired in cognitive skills for daily decision making, required total assistance from staff for eating, had a swallowing problem and required a mechanically altered diet and a supplement. a. A physician order dated 1/27/06 documented, "Diet Regular Puree with Nectar Thickened Liquids." A physician order dated 3/15/07 Diet: Mighty Shake with meals Three Times a Day (TID) Due to Weight Loss. b. The Plan of Care dated 12/14/06 documented, "At risk for Weight loss: Related to: Mechanically Altered Diet with Nectar Thickened Liquids. Approaches: Nourishment as ordered by physician... 10. Encourage to drink all fluids with each hydration offering..." c. The Weight History Report for March and April 2007 documented the resident weighed 119.2 in March and 116.4 pounds in April. d. On 4/18/07 at 12:30 p.m. and 4/19/07 at 12:35 p.m., the resident was not served a Mighty Shake with lunch. 3. Resident #11 had diagnoses of Cerebral Vascular Accident, and Weight Loss. The Quarterly MDS dated 2/9/07 documented the resident had modified independence in cognitive skills for daily decision making, was independent with eating, had a chewing problem and required a mechanically altered diet and a supplement for weight loss.	{F 282}			

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{F 282}	Continued From page 2 a. A physician order dated 10/22/06 documented, "Diet: Mechanical Soft." A physician order dated 8/7/06 documented Health Shake with Lunch and Supper every day (Weight Loss). b. The Plan of Care dated 12/14/06 documented, "At risk for Weight loss: Related to: Major Depression Approaches: Diet as ordered by physician... 10. Nourishment as ordered. 11. Encourage Adequate Fluids." c. On 4/18/07 at 12:40 p.m. and 4/19/07 at 12:45 p.m., the resident was not served a Mighty Shake with the lunch meal. d. On 4/19/07 at 12:50 p.m., the resident stated she didn't get the Mighty Shake very often, but sometimes she gets 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 daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure incontinent care was provided for 1 (Resident #2) and failed to clean the penis and scrotum for 1 (Resident #8) of 11 (Resident # 1 through 11) case mix residents who required assistants with incontinent care. This failed practice had the potential to affect 73 residents who were incontinent according to the Resident Census and Conditions	{F 312}		

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{F 312}	<p>Continued From page 3 of Residents form dated 4/18/07. The findings are:</p> <p>1. Resident #2 had a diagnosis of Huntington's Chorea. The Quarterly Minimum Data Set (MDS) dated 3/6/07 documented the resident was moderately impaired in cognitive skills for daily decision making, totally dependent on staff for all ADL's (Activities of Daily Living) and was incontinent of bowel and bladder.</p> <p>On 4/19/07 at 9:30 a.m., the resident's bed sheet was wet with urine. CNA (Certified Nursing Assistant) #1 and 2 stood the resident up and removed the urine saturated incontinent brief, then placed a clean incontinent brief on the resident and laid the resident back down on the bed. The resident's shirt was changed and a pair of pants were put on the resident. The CNA's did not provide any incontinent care.</p> <p>2. Resident #9 had diagnoses of Cerebral Vascular Accident with Left sided Hemiparesis and Feeding Difficulties. The Quarterly MDS dated 1/18/07 documented the resident was severely impaired in cognitive skills for daily decision making, required total assistant with all activities of daily living, was incontinent of bowel and bladder and had a feeding tube.</p> <p>On 4/19/07 at 8:55 a.m., CNA #3 and 4 provided incontinent care. The resident was turned to the right side. CNA #3 stood behind the resident and washed the resident's rectal area with peri wash and a cloth then the CNA's turned the resident onto his back. CNA #3 washed down each side of the groin. CNA #3 and 4 put a clean incontinent brief on the resident without cleaning the resident's penis and scrotum.</p>	{F 312}		

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{F 322} SS=D	<p>483.25(g)(2) NASO-GASTRIC TUBES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident 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:</p> <p>3. Resident #2 had a diagnosis of Huntington's Chorea. The Quarterly Minimum Data Set (MDS) dated 3/6/07 documented the resident was moderately impaired in cognitive skills for daily decision making and received 76 to 100% of nutrition and fluids through a feeding tube</p> <p>a. A physician order dated 3/1/07 documented, "Glucerna (Give at 0100, 0500, 0900, 1300, 1700, 2100 with 100 ml (milliliters) flush warm H2O (water) after Glucerna) 1 can/240 ml Per Tube Q4hr (every 4 hours) IDDM (Insulin Dependent Diabetes Mellitus)."</p> <p>b. On 4/19/07 at 9:35 a.m., LPN # 1 (License Practical Nurse) checked placement of the PEG tube, flushed the tube with 50 cc (cubic centimeters) of water, gave the medications, flushed with 20 cc of H2O and then gave the Glucerna via the tube. After the Glucerna was given the LPN flushed the tube with 50 cc of H2O. The PEG tube was not flushed with 100 cc of H2O as per the physician order.</p> <p>Based on observation, record review and</p>	{F 322}		

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{F 322}	Continued From page 5 interview, the facility failed to ensure the head of the bed was elevated at 30 degrees at all times for 2 (Resident #8 and 9) of 5 case mix residents (Resident #2, 3, 4, 8 and 9) who received feeding through a gastrostomy tube. The facility failed to ensure the Percutaneous Endoscopic Gastrostomy (PEG) tube was flushed with water as ordered for 1 (Resident #2) of 5 (Resident #2, 3, 4, 8, and 9) case mix residents who required PEG tube flushes. These failed practices had the potential to affect 5 residents who had feeding tubes according to the Resident Census and Conditions of Residents report dated 4/18/07. The findings are: 1. Resident #8 had a diagnosis of Dysphagia. The Annual Minimum Data Set dated 12/1/06 documented the resident was severely impaired in cognitive skills for daily decision making and had a feeding tube for nutrition. a. A physician order dated 12/18/05 documented, "Keep the Head of Bed raised 30 Degrees at all times." b. The Plan of Care dated 8/1/06 documented, "Problem: All Nutrition and Hydration are provided by tube feeding, at Risk for Complications, Including: Aspiration... Approaches: 1. Provide feeding as ordered. 2. Keep Head of Bed Elevated to at least 30 degrees at all times." c. On 4/19/07 at 10:55 a.m., the head of bed was rolled down flat and CNA (Certified Nursing Assistant) #3 and 4 provided incontinent care. At 11:09 a.m. the head of bed was rolled back up to a 30 degree position, 14 minutes later. 2. Resident #9 had a diagnosis of Cerebral	{F 322}			

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{F 322}	Continued From page 6 Vascular Accident with Left sided Hemiparesis and Feeding Difficulties. The Annual MDS dated 12/1/06 documented the resident was severely impaired in cognitive skills for daily decision making and had a feeding tube. a. A physician order dated 2/18/05 documented, "Keep the Head of Bed raised 30 Degrees at all times." b. The Plan of Care dated 12/9/05 documented: Problem: All Nutrition and Hydration are provided by tube feeding, at Risk for Complications, Including: Aspiration... Approaches: 1. Provide feeding as ordered. 2. Keep Head of Bed Elevated to at least 30 degrees at all times..." c. On 4/19/07 at 8:55 a.m., CNA #3 and 4 provided incontinent care. The head of the bed was lowered flat and the resident was turned to his right side. At 9:07 a.m., the head of bed was rolled back up to a 30 degree position, 12 minutes later.	{F 322}			