

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

PRINTED: 07/09/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04A145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/03/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>YELL COUNTY NURSING HOME, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>502 WEST PENNINGTON</b> <b>OLA, AR 72853</b>	
(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 502 SS=E	<p><b>483.75(j)(1) LABORATORY SERVICES</b></p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure laboratory results were received in a timely manner for 1 (Resident #8) and failed to ensure physician ordered lab work was completed as ordered for 1 (Resident #1) of 5 (Resident #1, #2, #4, #7 and #8) case mix residents. This failed practice had the potential to affect 52 residents who had orders for lab work as documented on a list provided by the Assistant Director of Nurses on 7/3/08. The findings are:</p> <p>1. Resident #8 had a diagnosis of Severe Stressors and Congestive Heart Failure. The Minimum Data Set dated 4/7/08 documented the resident was severely impaired in cognitive skills for daily decision making and had a Stage 4 pressure ulcer.</p> <p>a. A Physician "Progress Note" dated 6/25/08 documented, "Patient returned from [hospital] today... Left hip wound is clean and odor free. Has sutures but edges of skin not approximated. Does not appear to be healing. There is some serosanguineous drainage from wound. Start on Bactrim DS (Double Strength) BID (two times a day) and Doxycycline 100 mg (milligrams) BID, C&amp;S (Culture and Sensitivity) of drainage before starting antibiotics...Wound 10 mm (millimeters) deep..."</p>	F 502		
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 502	Continued From page 1 b. A Physician Order dated 6/25/08 documented, "C&S wound left thigh..."  c. On 7/2/08 at 1:40 p.m., the Assistant Director of Nurses was asked if the resident had received the antibiotics. The ADON stated, "[Director of Nurses] said [doctor] said he didn't want [Resident #8] started on the antibiotics until the culture was back." The ADON was asked if the wound culture was back. The ADON stated, "[DON] called last night and their [lab] machine was down." The ADON then called the lab and the wound culture was faxed to the ADON. The Surveyor spoke with the lab personnel who stated that the lab was not finished until last night then stated, no the report shows it was completed on 6/29/08. The lab personnel stated, the tech usually faxes the report to the facility when it is completed but the tech is not here so I don't know if she faxed it or not. The ADON was asked why no one had called before to check on it. The ADON stated, "I can't answer that."  d. On 7/2/08 at 2:10 p.m., the ADON was asked, "What system do you have in place to ensure you receive lab results/cultures in a timely manner?" The ADON stated, "We usually monitor by looking in the chart. We log them in a running file (Lab Report) in the chart. Whenever it [lab results] is not back within 3 or 4 days, we call. I did not log the culture [on the "Lab Report"]. I done it (the culture) the next day (6/26/08). [DON] called last night [7/1/08] (5 days after collection) because she knew I done the culture and she was with [Doctor] when he ordered it. I keep a tickler file, they [License Practical Nurses] give me the pink copy of the requisition. I fill out a card with the name of the person and the lab that is ordered and usually we call and find out where it is if it's	F 502			

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F 502	Continued From page 2 not back within 3 or 4 days. I check the tickler file every day, I haven't this week. The nurses let me know if we have a culture out and if it hasn't come back."  e. On 7/2/08 at 2:25 p.m., the DON stated, "...Usually after 5 days or so I call if we don't have it [lab report] back. We log it on the lab report. [ADON] and I know the orders that come in and the cultures that are ordered. The Doctor didn't want the antibiotic started until the culture came back. I called to check on it [7/1/08] because I knew we hadn't got the report back. We don't keep a running list. We review the orders every week and we get reports from the Nurses. The Charge Nurse or whoever processes the order fills out the requisition then the LPN is responsible every morning to check the requisitions."  f. On 7/2/08 at 2:35 p.m., License Practical Nurse (LPN) #1 stated, "Normally there is a piece of paper taped up in the med room with the name of the resident and what was done so you know to follow up on it [lab]." The list of resident names with lab was provided by the LPN. Resident #8 was not on the list. LPN #1 stated, " I don't know why his name is not on the list". LPN #1 stated, I asked [DON] yesterday if she had heard from the wound culture and she said she would check on it. The requisitions, if it [lab] is to be done the next morning, they fill it out and post it face down on the board. I check the requisitions every morning."  g. The June and July 2008 Medication Administration Record did not document Bactrim DS or Doxycycline.  h. The wound culture report documented the	F 502			

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F 502	Continued From page 3 culture was collected on 6/26/08 and under the test section documented, "Wound Culture- Heavy growth Pseudomonas Aeruginosa." Under the comments section was the date 6/29/08.  2. Resident #1 had a diagnosis of Rectal Cancer. The Minimum Data Set dated 5/23/08 documented the resident was severely impaired in cognitive skills for daily decision making and did not have a Urinary Tract Infection in the last 30 days.  a. A Laboratory report dated 5/16/08 documented, "Test: Urinalysis; blood- result: large , Leukocyte Esterase-moderate, White Blood Count- [greater than] 100, Red Blood Cells- 5-10 and Bacteria- 2+." The bottom of the lab slip documented Rocephin 500 mg IM (intramuscular) times 4 days and Bactrim 500 mg 3 teaspoons twice a day times 14 days and recheck 1 week CBC (complete blood count), CMP (complete metabolic profile) and UA (Urinalysis)."  b. On 7/2/08 at 3:15 p.m., the ADON was asked for the lab results which should have been done on 5/23/08. On 7/2/08 at 3:20 p.m., the ADON stated, "I don't see one, I called the lab and they don't have one. I don't know why I don't have it [lab], it's not written on the orders. The DON was asked for the requisition and stated, I don't have a requisition for it. The ADON was asked whose writing that was on the bottom of the lab slip ordering the lab. The ADON stated, it looks like mine.  c. The lab slips documented the CBC and CMP were not repeated until 5/27/08 and the UA was not repeated until 5/30/08.	F 502			