STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	295075		C 11/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN AT PAHRUMP HEALTH &	4501 NORTH BLAGG RD PAHRUMP, NV 89048

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F 000	INITIAL COMMENTS	F 000		
	This Statement of Deficiencies was generated as a result of a complaint investigation at your facility on November 25, 2008. The census at the time of the survey was 62. The following complaints were investigated: Complaint # 18596 - Unsubstantiated Complaint # 19299 - Substantiated (F314, F325, F502) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified.			
F 314 SS=G	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure that a resident was properly	F 314		

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 314	Continued From page 1 assessed and monitored to prevent the development of a sacral decubitus (Resident #1). Findings include: Resident #1 was an 87 year old female admitted to the facility on 8/1/08 with diagnoses including Alzheimer's disease, osteoporosis and anxiety. Prior to admission, the resident lived with her son who recently passed away, 3 weeks prior to admission. Record Review Review of the record revealed the following: The resident was alert, confused at times and had significant memory loss. Resident #1 was unable to care for herself and needed assistance with ADLs (Activities of Daily Living). Resident #1 required assistance to transfer and walked unsteadily using a cane. Initial Skin Integrity Evaluation dated 8/1/08 revealed resident was rated Low Risk for developing Pressure Ulcers. Condition of skin dated 8/1/08 revealed Resident #1's skin was clear with no redness and no open areas. There was no documented evidence that weekly skin assessments were completed for the first 3 consecutive weeks according to the facility's Skin Integrity policy effective February 2000, last reviewed April 2005. The nurse's notes dated 8/21/08 revealed the resident sustained a fall and landed on her buttocks. No apparent injury noted. Physician's orders for wound care written as follows:	F 314		

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F 314	Continued From page 2 - "8/21/08 - Cleanse coccyx with Normal Saline(NS), apply hydrogel, dry sterile dressing (DSD) q (every) third day" - "8/24/08 - Clean coccyx with NS. Pat dry. Apply Hydrogel and Dry Dressing. Change daily until healed." Push Tool for Healing of Pressure Ulcers revealed: Date: 8/26/08 "Ulcer Location: Coccyx Length x Width - 3.3 cm (centimeters) x 3 cm Exudate: 0 Tissue Type: 3 (Slough)" Date: 8/31/08 "Ulcer Location: Coccyx Length x Width - 3.6 cm x 3.4 cm Exudate: 0 Tissue Type: 3 (Slough)" Date: 9/4/08 "Ulcer Location: Coccyx Length x Width - 3.6 cm x 5.4 cm Exudate: 0 Tissue Type: 3 (Slough)" The nurse's notes dated 9/5/08, revealed the resident was complaining of increased pain in the coccyx wound. The treatment nurse stated the wound was foul smelling. The physician was notified. Physician's orders dated 9/5/08 include a wound care consult due to rapidly worsening sacral decubitus. This was completed on 9/5/08. Intravenous (IV) fluids and IV antibiotics were started.	F 314		

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F 314	Continued From page 3 The nurse's notes dated 9/6/08 and 9/7/08 indicated the resident's condition continued to deteriorate and the resident refused to eat and refused medications. The nurse's notes dated 9/7/08 documented the resident had a large amount of foul smelling drainage from the vagina. The physician was notified and the resident was transferred to the acute care facility. Interview On 11/25/08 in the afternoon, the DON confirmed the resident did not have any skin breakdown at the time of admission and developed the wound during the stay at Evergreen. Complaint #19299	F 314		
F 325 SS=D	483.25(i) NUTRITION Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) 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; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate nutritional evaluation and intervention of a resident who was debilitated upon admission to the facility (#1).	F 325		

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F 325	Continued From page 4 Findings include: Record Review Resident #1 was an 87 year old female admitted to the facility on 8/1/08. At the time of admission, the resident was 5 feet 5 inches and weighed 75 pounds. The resident was alert but confused at times and able to feed herself. Physician's orders on admission indicated regular diet and regular texture. On 8/4/08, the dietary manager completed a food preferences form. There was no dietary assessment completed at that time, although Resident #1's weight was documented as 75 pounds. On 8/10/08, the Nutritional Satus Interdisciplinary Care Plan documented the resident had low body weight, BMI < 18%. Recommendations included: - Monitor intake of food/fluids - Meal monitor - if intake < 50% offer subs (substitutions) or supplement - Weigh per facility protocol - Monitor appropriate labs Initial Nutritional Evaluation completed on 8/14/08 revealed Resident #1 weighed 75.4 pounds on 8/1/08, 60% of Ideal Body Weight and 13% BMI. The registered dietician evaluation indicated "Resident currently at high risk secondary to severely low body weight and BMI (Body Mass Index) status. PO (by mouth) intake good since arrival. Will add house shakes every meal instead of milk and Med Pass(Supplement) 60 cc with med pass three times a day for more adequate protein intake. Will add to NAR(Nutritional	F 325		

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F 325	Continued From page 5 Assessment Review) Committee for closer monitoring." There was no documented evidence that the resident's intake at meals was monitored. Documentation on the Nursing ADL (Activity of Daily Living) Flowsheet for August and September 2008 indicated that the resident was independent with meals. Policy Titled - Skin Integrity Effective 2000, Last revised April 2005: Procedure: 6. a. Nutritional Interventions i. Place newly admitted residents on meal monitoring for a minimum of 7 days. There was no documentation that weights were done weekly according to Dietary recommendation. Documentation on the Weight Record revealed: - Date Weight - 8/1/08 75.4 - 8/28/08 73.2 - 8/29/08 73.2 Interview On 11/25/08 in the afternoon, the DON confirmed that there was no documentation regarding monitoring the resident's meals during the admission. Complaint #19299	F 325		
F 502 SS=D	483.75(j)(1) LABORATORY SERVICES The facility must provide or obtain laboratory	F 502		

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F 502	Continued From page 6 services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure timely laboratory services for a debilitated resident who required an initial medical assessment (#1). Findings include: Record Review Resident #1 was an 87 year old debilitated female who was admitted on 8/1/08 and weighed 75.4 pounds on admission. Physician's orders dated 8/1/08 indicated the following laboratory (lab) tests to be obtained: "CBC (Complete Blood Count), FE (Iron), CMP (Comprehensive Medical Profile), TSH (Thyroid Stimulating Hormone)." Physician's orders dated 9/1/08 indicated - "May draw 8/1/08 labs in September - CBC, FE , CMP, TSH." Physician's progress notes dated 9/2/08 stated "The laboratory work ordered for last month was, unfortunately, not done. It will be done this month and we will check the results of the labs." There was no documented evidence that any lab tests were ever drawn. Interview	F 502		

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F 502	Continued From page 7 On 11/25/08 in the afternoon, the Director of Nurses (DON) stated that there were no laboratory services available for at least a month. The facility had been contracted with Desert View Regional Hospital to do the lab tests for Evergreen. However, the hospital would no longer provide these services. The DON had been trying to negotiate a contract with another vendor and had reached an agreement beginning in September, which was after Resident #1's discharge. Complaint #19299	F 502		