Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5086HOS	A. BUILDING B. WING	C 04/23/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTENNIAL HILLS HOSPITAL MEDICAL CEN	6900 N DURANGO DR LAS VEGAS, NV 89149

(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) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as the result of a complaint investigation survey conducted at your facility on 04/23/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. The following complaints were investigated. Complaint #NV00021623 - Substantiated (Tag # S0310) Complaint #NV00021588 - Substantiated (Tag # S0292 ,S0298) 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.	S 000		
S 292 SS=G	NAC 449.361 Nursing Services 3. The nursing service shall have a sufficient number of licensed registered nurses, licensed practical nurses and other personnel to provide nursing care to all patients as needed. A sufficient number of registered nurses and other members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A person who is not a registered nurse may be assigned to care for a patient, if: (a) The extent of care provided by the person is consistent with his education and experience and is within his scope of practice; and (b) The person is supervised by a registered nurse while providing that care.	S 292	Response to DHHS Survey April 23, 2009 Deficiency #1: Based on interview, record review and document review the facility failed to ensure there was a sufficient number of nursing personnel to provide proper nursing care to patients located on the 7th floor as needed. To ensure adequate staffing, the facility utilizes a staffing grid, patient acuity calculations, and a staffing committee. Patient complaint log of complaints received and incident reports are reviewed for concerns of staff behavior and patient care. The Risk Incidents and Grievance Log were reviewed for the dates of January 28th, 29th, and February 18th 2009. There were no reported incidents or grievances from the 7th floor during that time period. POC: . Patient acuity calculations were not being utilized consistently. . Adjusted staffing grid to provide additional hours of RN and CNA time completed date was 6/9/09. 6/9/09 POC: . The importance of patient acuity as a staffing tool has been emphasized to staff and the Clinical Supervisors through huddles as evidenced by the minutes from 6/8/09.	5/31/9

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: CEO — (X6) DATE: 6/11/2009

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S 292	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure there was a sufficient number of nursing personnel to provide proper nursing care to patients located on the 7th floor as needed. (Patient #2) Findings Include: 1. A Physician History and Physical dated 01/25/09 indicated Patient #2 was admitted to the 7th floor of the facility with a chief complaint of syncope. The patient reported passing out for a few seconds and complained of weight loss and lightheadedness. The patient complained of dysphagia (difficulty swallowing) and persistent nausea. The patient had increased abdominal pain and an elevated white blood cell count. The patient was seen and evaluated by surgery and was diagnosed with acute cholecystitis (inflamed gallbladder). The patient underwent a laparoscopic cholecystectomy. Post surgery the patient developed respiratory failure, developed sepsis, and required ventilator support. The patient developed acute renal failure and was placed on dialysis. On 03/12/09, a family member revealed the following: - On 01/28/09, while visiting Patient #2 on the 7th floor of the facility, the patient was having severe diarrhea. The nursing staff on the 7th floor never responded to assist in cleaning the patient. - On 01/29/09, the family arrived and found the patient was again having severe diarrhea. The door to the patients room was open and nurses who were seated at the nursing station had a direct line of sight into the room. The nurses could see the family was cleaning up the patients feces and assisting the patient to the bathroom.	S 292	. Audits reveal compliance of 63% the first week of May, 67% the second week of May, 84%the third week of May, 65% the forth week of May, and 90% the fifth week of May. Audits conducted by the clinical supervisors and nurse managers of 50% of nurses shift report tool will continue until compliance is 95% or greater for one month. . Results will be reported to the CNO, nurse managers, Quality Council, MEC, and the Governing Board. (Attachments: staff meeting minutes, huddle information, audit results, report tool)	

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S 292	Continued From page 2 No nurse entered the room at that time to assist with cleaning the patient or assisting the patient to the bathroom. A family member went to the nursing station and asked for a clean diaper and gown for the patient. A nurse responded to the room with a diaper and gown but did not stay or assist the family in cleaning the patient up. On 03/12/09, another family member revealed the following: - On 01/29/09, while visiting Patient #2 on the 7th floor of the facility the patient had severe diarrhea. The family member indicated she had to clean the patient up herself because the nursing staff was not available. The family member indicated she was told by the nursing staff they were too busy to assist. The family member indicated she felt the 7th floor was understaffed with nurses and felt the patient had no help. - On 01/29/09, while family was visiting the patient, the patient was having bouts of diarrhea stools. The family was in the process of cleaning the patient up when a CNA (Certified Nursing Assistant) entered the patients room and said, "Ok you guys finish with your mom." The CNA then left the room and was not seen again that day or evening. The family member indicated she had to clean the patient three more times from diarrhea stools that day without any nursing staff assistance. - On 02/18/09, a family member came to visit the patient and found the patient was sitting it diarrhea stool and her feeding tube was leaking onto the bed. The top of the patient's bed was soaked. The family member indicated she activated the call light, but no nurse responded. The family member walked to the nursing station but found no nurses there. The family member indicated she waited 20 minutes for a nurse to	S 292	. National benchmark data will be researched by the VHS Corporate CNO and Centennial Hills Medical Center's CNO and utilized to determine general staffing levels for medical and surgical units. These levels will be applied based on criteria for staffing according to patient acuity, ratios and HPPD's. . Application of the internal staffing grids, patient acuity levels and guidelines will be monitored on a daily basis by the clinical nurse supervisors and nursing managers. Determination of patient safety will be monitored monthly by the CNO based on national criteria as defined in selected "nurse sensitive indicators". Analysis will be conducted by the CNO and to establish national benchmarks for staffing levels for general surgical units such as the 7th floor. . Analysis Completion date: July 31 . The analysis will be reported to the CNO and nurse managers. It then will be reported to Quality Council, MEC, and the Governing Board.	

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S 292	Continued From page 3 respond to the call light and assist the patient, but no nurse responded. The family member then walked down the hallway of the unit yelling into each room that she needed a nurse to assist the patient. The family member indicated she finally made contact with a unit coordinator who directed her to the charge nurse. The charge nurse looked busy and advised the nursing staff would get to the patient as soon as they could. Nursing Note dated 01/29/09 at 6:31 PM, indicated the patient was having loose yellow stool. The bedding was changed and the patient was ambulated to the bathroom. Nursing Note dated 01/29/09 at 9:40 PM, included the patient had complained of diarrhea and abdominal pain. The patient claimed to have diarrhea stools four times during the day. On 04/23/09 at 3:00 PM, the Chief Nurse confirmed in the last 3 months she had received complaints from nursing staff and CNAs on the 7th floor regarding deficiencies in the staffing levels. The Chief Nurse acknowledged staffing for the past 3 months had been difficult and the facility had used too many temporary staff from registry to fill staffing needs. The Chief Nurse reported there was a problem with the previous Nursing Director for the 6th and 7th floor and there were problems with inadequate supplies and staff training issues. The prior Nursing Director was not up to the task and had to leave employment. The Chief Nurse indicated the facility staffing on the 7th floor was based on a staffing grid and daily patient acuity reports. The Chief Nurse confirmed when the census on the 7th floor dropped below 26 patients one of the CNAs scheduled would be sent home or transferred to another unit at 12:00 PM, leaving	S 292	7/31/09 Comments from the patient complaint indicated "…nurses who were seated at the nurses station had a direct line of sight into the room. No nurse entered the room at that time to assist with cleaning the patient… A family member went to the nursing station and asked for a clean diaper and gown… a nurse responded to the room with a diaper and gown but did not stay or assist the family…" POC: . Staff behavior has been addressed in staff meetings and huddles the months of April, May and June and with individual staff members though coaching and counseling as appropriate. . Staff members did attend The Patient Safety Fair that occurred February 9, 10, and 12 of this year. The fair did address care concerns, communication, and behavior. Staff did re-sign the Service Excellence Agreement. (Attached is the Service Excellence program from the skills fair). . Clinical Supervisors round each shift on all patients on the 7th floor to identify care issues and concerns in a timely manner. (Attachments: staff meeting minutes, huddle information)	7/31/09

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S 292	Continued From page 4 one CNA to assist all the patients on the unit. A unit coordinator stationed at the nursing station if available, could assist patients on the unit. 2. The following were confidential interviews with random employees: - On 04/23/09 at 12:15 PM, an employee indicated the staffing on the unit consisted of one CNA assigned to each hallway to assist patients and one registered nurse assigned to every 6 to 7 patients. The CNA's duties included taking vital signs, assisting with feeding patients, providing bed baths/showers to patients, assisting patients with feeding and activities of daily living, cleaning patients who were incontinent of urine and stool, discharging/escorting patients and charting. The employee indicated when the patient census would fall below 26 patients one of the CNAs would be sent home or moved to another unit at 12:00 PM, leaving only one CNA to assist 25 patients from 12:00 PM to 6:00 PM. If the census stayed below 26 patients the night shift would have only one CNA during the night to assist patients. The unit coordinator was often too busy answering phones and taking physician orders off the chart to assist in patient care. The employee indicated the staffing was not adequate or safe and acknowledged that many times patients were complaining due to call lights not being answered on a timely basis. The employee indicated nursing administration was informed one month ago about the staffing deficiencies on the 7th floor and was advised the administration would look into the staffing issues. - On 04/23/09 at 12:30 PM, an employee indicated if the patient census was above 26 patients one CNA would be assigned to each hallway on the unit. When the census would fall	S 292		

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S 292	Continued From page 5 below 26 patients one of the CNAs would be sent home or transferred to another unit at 12:00 PM, leaving one CNA to cover and provide care to 25 patients. The patients on the floor were complaining due to call lights not being answered due to the high number and acuity of patients left to one CNA to care for. The staffing levels were not safe on the unit when one of the CNAs were sent home. A group of CNAs brought the unsafe staffing issues to nursing administrations attention recently, but there had been no change in the staffing levels on the 7th floor. - On 04/23/09 at 12:50 PM, an employee indicated the registered nurses were usually assigned 6 to 7 patients each. One CNA would be assigned to each hallway to assist patients. When the census on the unit would fall below 26 patients one of the CNAs would be sent home at 12:00 PM, leaving one CNA to assist 25 patients on the unit. The patients on the 7th floor were high acuity patients and many of them were post operative patients that required a great deal of care. The unit coordinator who was counted in the staffing was too busy answering the phone and taking physician orders off the chart to adequately assist patients on the unit for extended periods of time. The current staffing levels on the 7th floor were unsafe and inadequate to meet the patients needs. The nursing staffing issues were brought to hospital administrations attention over past 3 months, but there had been no improvement in the staffing levels on the 7th floor. - On 04/23/09 at 1:00 PM, an employee indicated the staffing on the 7th floor had gotten worse in the past 6 months and was unsafe and inadequate to meet the needs of the patients on the unit. When the unit census would fall below	S 292		

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S 292	Continued From page 6 26 patients, the nursing administration would send one of the CNAs home leaving one CNA to assist 25 high acuity patients. The registered nurses were usually assigned 7 patients. The employee frequently was not able to chart on her patients until the end of her shift due to the high demand for patient care. Patient call lights were not being answered in an appropriate amount of time due to inadequate nursing staff available to provide patient care. - On 04/23/09 at 1:15 PM, an employee indicated each registered nurse was assigned 6 to 7 patients. When the patient census would fall below 26 patients one of the CNAs assigned to the unit would be sent home or transferred to another unit at 12:00 PM, leaving one CNA to cover the entire nursing unit. Many of the patients on the 7th floor were post operative high acuity patients and having only one CNA to assist in care was inadequate and caused a delay in call lights being answered on the unit. In March 2009 a group of nurses met with nursing administrators in regards to the facility staffing deficiencies and were told the current staffing grid would continue to be used. The facility Patient Care Services Acuity Policy dated 01/09 included the following: I. Purpose: "A Patient Classification tool will be utilized by the facility to help in determining inpatient acuity, level of care and staffing assignments. II. Policy: "The Patient Classification Index form (PCI) is initiated upon admission and completed each shift by the patients nurse. The Clinical Supervisor will utilize the information on the PCI summary form to assign patients based on level	S 292		

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S 292	Continued From page 7 of care required." "All items will be reviewed, evaluated and scored in the appropriate column. The numerical values will be totaled." "The total score will be utilized by the Clinical Supervisor in making decisions about patient care assignments." On 04/23/09 at 3:00 PM, a review of the facilities Medical/Surgical Daily Acuity Reports from 02/09 to 05/09 revealed the following deficiencies: Medical/Surgical Daily Acuity Reports: 1. The Acuity form dated 02/27/09, indicated 6 out of 22 patients had no total acuity score documented. 2. The Acuity form dated 03/01/09, indicated 20 out of 20 patients had no entries made for total acuity score. 3. The Acuity form dated 03/06/09, indicated 25 out of 26 patients had no total acuity score documented. 4. The Acuity form dated 03/08/09, indicated 24 out of 33 patients had no total acuity score documented. 5. The Acuity form dated 03/15/09, indicated 28 out of 28 patients had no total acuity score documented. 6. The Acuity form dated 03/16/09, indicated 14 out of 27 patients had no total acuity score documented. 7. The Acuity form dated 03/22/09, indicated 18 out of 29 patients had no total acuity score documented. 8. The Acuity form dated 03/27/08, indicated 18 out of 25 patients had no total acuity score documented.	S 292		

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S 292	Continued From page 8 9. The Acuity form dated 03/28/09, indicated 26 out of 26 patients had no total acuity score documented. 10. The Acuity form dated 04/03/09, indicated 13 out of 20 patients had no total acuity score documented. 11. The Acuity form dated 04/04/09, indicated 20 out of 20 patients had no total acuity score documented. 12. The Acuity form dated 04/05/09, indicated 18 out of 23 patients had no total acuity score documented. 13. The Acuity form dated 04/06/09, indicated 3 out of 25 patients had no total acuity score documented. 14. The Acuity form dated 04/09/09, indicated 28 out of 28 patients had no total acuity score documented. 15. The Acuity form dated 04/10/09, indicated 14 out of 26 patients had no total acuity score documented. 16. The Acuity form dated 04/11/09, indicated 20 out of 20 patients had no total acuity score documented. 17. The Acuity form dated 04/12/09, indicated 3 out of 21 patients had no total acuity score documented. 18. The Acuity form dated 04/12/09 indicated, 13 out of 13 patients had no total acuity score documented. 19. The Acuity form dated 04/18/09 indicated, 15 out of 21 patients had no total acuity score documented. On 04/23/09, a review of the facility's Medical Surgical Staffing Grid for the 6th and 7th floor indicated when the patient census fell below 30 patients the staffing consisted of 1 clinical supervisor, 5 registered nurses, 1 unit coordinator and 1.5 CNAs. When the patient census fell	S 292		

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S 292	Continued From page 9 below 24 patients the staffing consisted of 1 clinical supervisor, 4 registered nurses, 1 unit coordinator and 1 CNA. The facility's Staffing plan Policy dated 11/07 included the following: a. "Staffing will be coordinated through the Staffing Office, with input from the Unit Director, House Supervisor, and Chief Nursing Officer." b. "Unit staffing needs are based on census and patient classification requirements." c. "Staff may be added or deleted to a unit to meet patient care needs." Severity: 3 Scope: 1 Complaint #NV00021588	S 292		
S 298 SS=D	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure a patient received proper treatment and care by its nursing service. (Patient #2) Findings Include: The facility's "Patient Care Standards of Care Policy" dated 11/07, included the following: "The patient can expect daily care to include	S 298		

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S 298	Continued From page 10 maintenance of hygiene and comfort. The patient can expect a prompt response to requests for assistance." On 03/12/09, a family member indicated she was visiting Patient #2 on the 7th floor of the facility on 01/28/09, and found the patient was having severe diarrhea. The nursing staff on the 7th floor never responded to assist her in cleaning the patient. On 01/29/09, the family arrived to visit Patient #2 and found the patient was again having severe diarrhea. The door to the patients room was open and nurses seated at the nursing station had a direct line of sight into the room. The nurses could see the family was cleaning up the patients feces and assisting the patient to the bathroom. No nurse entered the room at that time to assist with cleaning the patient or assist the patient to the bathroom. The family member responded to the nursing station and asked for a clean diaper and gown for the patient. A nurse responded to the room with a diaper and gown but did not stay or assist the family in cleaning the patient up. On 01/29/09, a family member was visiting Patient #2 on the 7th floor of the facility and found the patient had severe diarrhea. The family member had to clean the patient up herself because the nursing staff was not available. The family member was told by the nursing staff they were too busy to assist. The family member felt the 7th floor was understaffed with nurses and felt the patient had no help. On 01/29/09, the patient was found having bouts of diarrhea stools. The family was in the process of cleaning the patient up when a CNA (Certified Nursing Assistant) entered the patients room and said, "Ok you guys finish with your mom." The	S 298	Deficiency #2: Based on interview, record review and document review the facility failed to ensure a patient received proper treatment and care by its nursing service. POC: . Implemented hourly rounding by staff on all 7th floor patients as of May 1st. . Auditing for the month of May revealed a 70% compliance. Auditing of 50% of patient rounding sheets will continue until compliance is 95% or greater for one month. Audits conducted by the 7th floor Manager and Clinical Supervisors. . Audits will be reported to the CNO, nurse managers, Quality Council, MEC, and the Governing Board. (Attachments: Nursing worksheet) 5/1/09 POC: . Clarification of job duties and restrictions of hand-off report for CNAs provides for consistent communication regarding hygiene care.	5/1/09

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S 298	Continued From page 11 CNA then left the room and was not seen again that day or evening. The family member had to clean the patient up three more times from diarrhea stools without nursing assistance that day. On 02/18/09, a family member arrived to visit Patient #2 and found the patient was sitting in diarrhea stool and her feeding tube was leaking onto the bed. The top of the patient's bed was soaked. The call light was activated, but no nurse responded. The family member walked to the nursing station, but found no nurses there. The family member waited 20 minutes for a nurse to respond to the call light and assist the patient, but no nurse responded. The family member then walked down the hallway of the unit yelling into each room that she needed a nurse to assist the patient. The family member finally made contact with a unit coordinator who directed her to the charge nurse. The charge nurse looked busy and advised the nursing staff would get to the patient as soon as they could. The Nursing Note dated 01/29/09 at 6:31 PM, indicated the patient was having loose yellow stool. The bedding was changed and the patient was ambulated to the bathroom. The Nursing Note dated 01/29/09 at 9:40 PM, included the patient had complained of diarrhea and abdominal pain. The patient claimed to have diarrhea stools four times during the day. Severity: 2 Scope: 1 Complaint #NV00021588	S 298	. Documentation audits revealed 100% compliance for the first week of May. Audits of 33% of patient charts will continue until compliance is 95% or greater for one month. Audits conducted by the 7th floor Manager and Clinical Supervisors. There will be a random audit of 33%of patient records review per month. . The results of the audits will be reported to the CNO, nurse managers, Quality Council, MEC, and the Governing Board. (Attachments: staff meeting minutes, huddle information, audit results)	5/31/9 5/1/9
S 310 SS=D	NAC 449.3624 Assessment of Patient	S 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5086HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED C 04/23/2009
NAME OF PROVIDER OR SUPPLIER CENTENNIAL HILLS HOSPITAL MEDICAL CEN	STREET ADDRESS, CITY, STATE, ZIP CODE 6900 N DURANGO DR LAS VEGAS, NV 89149		

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S 310	Continued From page 12 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to provide a patient with the appropriate care and continually assess the needs of the patient throughout the patients contact with the hospital. (Patient #1) Findings include: A Physician History and Physical dated 03/03/09 indicated Patient #1 was admitted to the facility on 03/03/09 with a chief complaint of a cough and shortness of breath. A CT scan (computerized tomography) of the chest revealed dense lower lobe consolidation with pneumonia and small scattered infiltration in the upper lobes. The patients medical history included hypothyroidism, diabetes and hypertension. The patient was discharged from the facility on 03/11/09. Patient #1 reported being hospitalized for nine days at the facility. The patient indicated she repeatedly complained to the nursing staff about constipation and inability to have a bowel movement for nine days. The patient indicated on the ninth day of hospitalization, prior to transfer the nursing staff medicated her with numerous laxative pills and enemas. A review of Physician Admission Orders dated 03/03/09, revealed no medication orders for laxatives for Patient #1. The patient had	S 310		

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S 310	Continued From page 13 medication orders that included Robitussin with Codeine Syrup for a cough and Morphine for pain. Medication Administration Records indicated the patient received both medications on 03/03/09. The patient received Robitussin with Codeine cough syrup on 03/04/09, 03/05/09, 03/06/09, 03/07/09, 03/08/09, 03/09/09. A Physicians order dated 03/11/09 at 8:50 AM, documented MOM (milk of magnesia) 30 cc PO (by mouth) every 6 hours PRN (when needed) for constipation. Dulcolax 2 tabs PO daily PRN constipation. A Physicians Order dated 03/11/09 at 1:50 PM, documented a Fleets enema was ordered for the patient. A review of the patients Medication Administration record dated 03/11/09, indicated the patient received MOM at 9:29 AM and 4:43 PM. The patient received 2 Dulcolax tabs at 9:29 AM and 4:43 PM. The patient received a Fleets enema at 3:00 PM and at 4:30 PM with large results. GI/GU (Gastrointestinal/Genitourinary) Assessment dated 03/11/09, documented, "Abdomen firm, patient states she hasn't had a BM (bowel movement) in 10 days, no PRN (when needed) call placed to DR." A review of the Nursing Notes revealed the following: 03/11/09 at 8:00 AM, "Patient complained of no bowel movement for 10 days. Blood pressure is 73/44, assisted patient back to bed." On 03/11/09 at 8:35 AM, "Call placed to	S 310	Deficiency #3: Based on interview and record review the facility failed to provide a patient with the appropriate care and continually assess the needs of the patient throughout the patients contact with the hospital. POC: . Reviewing the importance of performing and documenting Intake and Output was emphasized in staff meetings and shift huddles in March and April by the clinical supervisors and nursing managers.	

Bureau of Health Care Quality & Compliance

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	NVS5086HOS		C 04/23/2009
NAME OF PROVIDER OR SUPPLIER: CENTENNIAL HILLS HOSPITAL MEDICAL CEN	STREET ADDRESS, CITY, STATE, ZIP CODE: 6900 N DURANGO DR LAS VEGAS, NV 89149		

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S 310	Continued From page 14 physician." On 03/11/09 at 8:45 AM, "Call placed to physician again." On 03/11/09 at 8:50 AM, "Physician returned call, orders received for constipation issue. No orders received for blood pressure of 73/44. Was asked if she had symptoms I stated weak only." On 03/11/09 at 9:30 AM, "Gave dulcolax and Maalox for constipation." On 03/11/09 at 10:00 AM, "changed diaper of urine." On 03/11/09 at 12:10 PM, "Blood pressure a little better 98/60." On 03/11/09 at 1:41 PM, "Physician called regarding constipation, still no bowel movement." On 03/11/09 at 1:46 PM, "Dr returned call and orders received." On 03/11/09 at 4:00 PM, "Patient was given fleets enema and had small results." On 03/11/09 at 4:37 PM, "Patients stomach upset wants dulcolax and MOM again." On 03/11/09 at 5:53 PM, "Patient given pills again." On 04/23/09 at 12:00 PM, the Chief Nurse indicated she had reviewed the patient chart after receiving the patients complaint regarding being constipated for 9 days without treatment. The Chief Nurse confirmed the nursing staff did not document when or if the patient had a bowel	S 310	. Documentation audits revealed 95% compliance for May. Random audits of 10 charts, twice weekly, will continue for a minimum of 3 months. Audits conducted by 7th floor Manager and Clinical Supervisors. . Results will be reported to CNO, nurse managers, Quality Council, MEC, and the Governing Board. (Attachments: staff meeting minutes, huddle information, audit results) 5/1/09 POC: . Reviewing the importance of assessment and documentation of patient bowel patterns emphasized in staff meetings and shift huddles in April and May by the clinical supervisors and nursing managers. . Space is provided on shift report tool to indicate date of patient's last BM was implemented May 1, 2009.	5/1/9

Bureau of Health Care Quality & Compliance

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S 310	Continued From page 15 movement during the patients hospitalization and indicated the nurses had not been documenting intake and output on other patients on a consistent basis. The Chief Nurse confirmed the nursing staff should have documented when Patient #1 had a bowel movement on the nurses notes and the Intake and Output form each day the patient was hospitalized. The nursing staff failed to make any entries in Patient #1's medical record. A review of the facility's Vital Report that included Bowel Movement and Void Count, indicated there were no entries made and the area was left blank on each form from the patients date of admission on 03/03/09 to the date of discharge on 03/11/09. Moseys Nursing Drug 2008 Reference indicated gastrointestinal side effects to both Morphine and Robitussin with Codeine Syrup included constipation. Severity: 2 Scope: 1 Complaint #NV00021623	S 310	. Audits for the month of May reveal a 90% compliance rate with utilization of the acuity tool. Auditing will continue until a compliance rate at or above 95% has been maintained for 1 month. . Audits are conducted by the 7th floor nursing manager. . Audit results will be reported to the CNO and nurse managers. The audits will then be reported to Quality Council, Medical Executive Committee, and the Governing Board. (Attachments: acuity audit, huddle information) 5/1/09 POC: . Established formal staffing committee which will meet monthly beginning June 15th. The staffing committee is comprised of staff RNs, CNAs, a Clinical Supervisor, a House Supervisor, a nursing manager, and the Chief Nursing Officer, minimally 50% non-management personnel.	5/1/9

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.