STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	295021		05/15/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VEGAS VALLEY REHABILITATION HOSPITAL	2945 CASA VEGAS STREET LAS VEGAS, NV 89109

(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 000	INITIAL COMMENTS	F 000		
	This Statement of Deficiencies was generated as the result of the annual Medicare re-certification survey in accordance with 42 CFR Chapter IV Part 483 - Requirements for States and Long Term Care Facilities, conducted in your facility from 5/12/09 through 5/15/09.			
	The census at the time of the survey was 87. The sample size was 18 including 3 closed records.			
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			
	The following deficiencies were identified:			
F 241 SS=D	483.15(a) DIGNITY	F 241		
	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.			
	This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure dignity was maintained for 2 of 18 residents (#4, #10).			
	Findings include:			
	Resident #4			
	Resident #4 was a 78 year old female admitted to			

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 241	Continued From page 1 the facility on 3/28/09 with diagnoses including Fractured Acetabulum, Urinary Tract Infection, Anemia, Pneumoccocal Pneumonia, and Dementia. On 5/13/09 in the afternoon, Resident # 4 received wound care to the left heel and coccyx. The LPN (Licensed Practical Nurse) pulled down resident #14's sheets and pulled up the resident's gown which exposed Resident #14's genital area. Resident #14's bed was located next to the window. The window blinds were open and the courtyard was visible from inside the resident's room. Resident #10 Resident #10 was a 54 year-old female admitted on 4/27/09 with diagnoses including pneumonia, open wound, obesity and urinary incontinence. On 5/12/09 at 7:30 AM, Resident #10 was lying in bed with a hospital gown on. There was no top sheet or blanket on the bed. The foot of the bed was pointed toward the door which opened into the hallway. The resident's genitalia were exposed.	F 241		
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial	F 279		

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F 279	Continued From page 2 needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, document and record review, the facility failed to ensure the care plan for a resident receiving dialysis was followed for 1 of 18 residents (#7). Findings include: Resident #7 Resident #7 was an 82 year old male admitted to the facility on 4/25/09, with diagnoses including End Stage Renal Disease, Dialysis, Hypertension, and Dementia. Resident #7's care plan dated 5/8/09, included the following approaches for Dialysis: -Monitor access site for s/s (signs/symptoms) of infection The facility policy titled Shunt Care - Arteriovenous (A.V.) stated: "1 Routine Shunt care: - ...D. Assess shunt sites every shift for color,	F 279		

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F 279	Continued From page 3 warmth, redness, edema and drainage. - E. Assess the shunt for bruit and thrill (a pulsation felt of blood flowing through the arteriovenous anastomosis) once per shift. If bruit changes in regularity or depth or a thrill is not palpable, NOTIFY THE PHYSICIAN IMMEDIATELY!" 2. Post Dialysis Care - ...C. Check for bruit upon return from dialysis and then once per shift. D. Inspect the shunt site for color, warmth, redness, and edema." There was no documented evidence in the Nurse's notes or on the Medication Administration Record (MAR) that Resident #7's dialysis access was monitored as per the care plan and the facility policy.	F 279		
F 280 SS=E	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after	F 280		

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F 280	Continued From page 4 each assessment. This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy review, the facility failed to ensure residents were notified and participated in the plan of care meetings for 5 of 18 residents (#2, #14, #3, #4, #7). Findings include: Resident #2 Resident #2 was a 72 year-old female, admitted on 5/7/09, with diagnoses including multiple sclerosis, paraplegia, diabetes mellitus and pressure ulcers. Note: On 5/13/09 at 4:20 PM, Resident #2 indicated no one had mentioned anything about her being involved in making decisions about her nursing care and medical treatment while staying at the facility. On 5/15/09 at 12:05 PM (in response to a question about attending interdisciplinary team (IDT) meetings) Resident #2 replied, "No, I've never been invited ... didn't know I could ... didn't even know they had them." Resident #14 Resident #14 was an 85 year-old female, admitted on 4/9/09, with diagnoses including chest pain (status post right lung lobectomy	F 280		

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F 280	Continued From page 5 secondary to lung cancer) and legally blind. Resident #14 was awake and alert with confusion and disorientation at times during the survey. The resident was unable to answer questions about her experience at the facility. On 5/14/09 at 1:30 PM, a family interview was conducted over the telephone with Resident #14's daughter. The patient's daughter indicated she was unaware she could be involved in her mother's care since she had not been told about the IDT meetings nor had she been invited to attend them. Resident #3 Resident #3 was an 87 year old male admitted to the facility on 4/5/09 through 4/24/09, and readmitted on 5/2/09, with diagnoses including Fractured Mandible, Dysphagia, Gastrostomy, Atrial Fibrillation, Pacemaker and Glaucoma. On 5/13/09 in the morning, Resident #3 indicated he was not aware of care plan meetings and had not participated in these meetings. There was no documented evidence that Resident #3 was notified of the care plan meetings and no documented evidence that interdisciplinary team meetings were conducted. Resident #4 Resident #4 was a 78 year old female admitted to the facility on 3/28/09 with diagnoses including Fractured Acetabulum, Urinary Tract Infection, Anemia, Pneumococcal Pneumonia, and Dementia.	F 280		

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F 280	Continued From page 6 On 5/13/09 in the morning, Resident #4 indicated she was not aware of care plan meetings and had not participated in the meetings. There was no documented evidence that Resident #4 was notified of the care plan meetings and no documented evidence that interdisciplinary team meetings were conducted. Resident #7 Resident #7 was an 82 year old male admitted to the facility on 4/25/09 with diagnoses including End Stage Renal Disease, Dialysis, Hypertension, and Dementia. There was no documented evidence that Resident #7 was notified of the care plan meetings and no documented evidence that interdisciplinary team meetings were conducted. On 5/13/09 in the morning, the Social Worker (SW) indicated residents were informed of the meetings when they were admitted. Most residents elected not to attend. The care plan information was communicated to the resident at the bedside by the physician, nurse or SW. The SW added that meetings were held daily to discuss all residents. The meetings included the physician, Physical Therapist (PT), Case Manager (CM), SW, Director of Nurses or the Administrator. On Monday, Wednesday and Friday, every patient was discussed. On Tuesday and Thursday, the potential discharges were discussed. The SW indicated notes from these meetings are	F 280		

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F 280	Continued From page 7 not placed in the medical record. The facility policy titled Care Plan Process dated 3/2006 revealed: -Policy: "The Interdisciplinary Team will coordinate with the patient/resident and their legal representative an appropriate care plan for the patient's/resident's needs or wishes based on the assessment and reassessment process within the required time frames." -Procedures: ..."4. Interdisciplinary Team meets and reviews the Care Plan Form #FFGN024 as follows: A. Seven (7) days after the closure of the initial MDS (Minimum Data Set) B. Every month for the first three months C. Quarterly and annually D. Within fourteen days after a significant status change"	F 280		
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure wound care provided met professional standards of quality for 1 of 18 residents (#2). Findings include: Resident #2 Resident #2 was a 72 year-old female, admitted on 5/7/09, with diagnoses including multiple sclerosis, paraplegia, insulin dependent diabetes	F 281		

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F 281	Continued From page 8 mellitus and pressure ulcers. On 5/13/09 at 9:50 AM, a licensed practical nurse (LPN) performed wound care to both Stage 2 pressure sores located on Resident #2's right ischium and left buttock. After spraying wound cleanser over the entire area, the LPN cleansed Resident #2's right ischium sore and left buttock sore by wiping with gauze back and forth across the wounds, including the area between them. The LPN then applied the prescribed barrier cream over the entire surface of both buttocks and ischium. On 5/13/09 at 10:45, the Director of Nursing indicated she would expect the nurse to 1) start at the center of the wound and work in a circular motion outward and 2) treat each wound separately. Note: According to, "The Fundamentals of Nursing - Concepts, Process and Practice," Fourth Edition, by Kozier, Erb and Olivieri, when cleaning "...irregular shaped wounds, such as a decubitus ulcer, clean from the center of the wound outward, using circular strokes..."	F 281		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced	F 309		

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F 309	Continued From page 9 by: Based on observation, interview, record review, and policy review, the facility failed to provide the necessary services and care to maintain the resident at the highest practicable physical well-being for 2 of 18 residents (#7, #13). Findings include: Resident #7 Resident #7 was an 82 year old male admitted to the facility on 4/25/09 with diagnoses including End Stage Renal Disease, Dialysis, Hypertension, and Dementia. Resident #7 had an Arteriovenous (A-V) shunt and received dialysis 3 times a week on Tuesday, Thursday and Saturday. Resident #7's care plan dated 5/8/09 included the following approaches for Dialysis: "Monitor access site for s/s (signs/symptoms) of infection" The facility policy titled Shunt Care - Arteriovenous (A.V.) stated: "1 Routine Shunt care: -...D. Assess shunt sites every shift for color, warmth, redness, edema and drainage. - E. Assess the shunt for bruit and thrill (a pulsation felt of blood flowing through the arteriovenous anastomosis) once per shift. If bruit changes in regularity or depth or a thrill is not palpable, NOTIFY THE PHYSICIAN IMMEDIATELY! 2. Post Dialysis Care - ...C. Check for bruit upon return from dialysis	F 309		

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F 309	Continued From page 10 and then once per shift. D. Inspect the shunt site for color, warmth, redness, and edema." There was no documented evidence in the Nurse's notes, the Medication Administration Record (MAR), or the Dialysis Communication Record that indicated Resident #7's shunt site was monitored each shift, prior to, or after the resident's dialysis treatment. Resident # 13 Resident #13 was an 83 year old female admitted to the facility on 5/6/09 with diagnoses including Right Femoral Neck Fracture with Hip Arthroplasty, Coronary Artery Disease, Hypertension, and Anemia. Nursing Documentation form revealed: -5/9/09 (6 AM - 6 PM) - 11:00 am "Received awake in bed c/o (complaining of) nausea, vomited x (times) 2 with greenish emesis...Noted soft BM (bowel movement) "; -4:00 PM "Noted feces mixed with urine...unable to obtain C-diff (Clostridium Difficile) collection." - 5/9/09 (6 PM - 6 AM) "Stool C-Diff #1 of 2 collected tonight"; - 5/10/09 (6 AM - 6 PM) 1700 (5:00 PM) "Still needs stool collection for C-Diff 1 more."; GI (Gastrointestinal) Assessment - "Last BM 5/10/09" - 5/11/09 (6 AM - 6 PM) GI Assessment - "Last BM: 5/11/09"	F 309		

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F 309	Continued From page 11 - 5/12/09 (6 AM - 6 PM) GI Assessment - "Last BM : 5/12/09" - 5/13/09 (6 AM - 6 PM) - "Last BM 5/13/09 loose x (times) 6" Physician's orders revealed: -5/9/09 "Stool C. diff x2" - 5/11/09 "Stool for C-diff x2 today" On 5/14/09 in the morning, there were no results of the first stool specimen in the medical record. There was no documented evidence that a second stool specimen was obtained and sent to the laboratory. On 5/14/09 in the afternoon, the Director of Infection Control confirmed that the second stool specimen had not been sent to the lab.	F 309		
F 315 SS=D	483.25(d) URINARY INCONTINENCE Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to establish medical justification for Foley catheters for 3 of 18 residents (#12, #11, #1).	F 315		

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F 315	Continued From page 12 Findings include: Resident #12 Resident #12 was admitted on 5/3/09 with diagnoses including Bilateral Degenerative Joint Disease with Bilateral Knee Arthroplasty (4/29/09). The resident was admitted for Physical Therapy (PT) and Occupational Therapy (OT). The initial nurse's assessment indicated the resident was alert and oriented and able to turn to both sides with assistance. The physician's orders dated 5/3/09 indicated : "Indwelling Foley catheter to gravity drainage for dx (diagnosis): (blank)." On 5/14/09 in the afternoon, the physician's assistant (PA) indicated Resident # 12's Foley catheter was left in place on admission since the resident was weak and could not get out of bed. He added usually a resident's catheter remained in place for a couple of days after admission. Note: Resident #12's catheter was discontinued on 5/11/09 as per the physician's orders. Resident #11 Resident #11 was a 74 year-old female, admitted on 4/27/09, with diagnoses including Methicillin Resistant Staphylococcus Aureus (MRSA) pneumonia, chronic obstructive pulmonary disease (COPD), debility and history of a cardiovascular accident (CVA). On 5/12/09 in the morning during the initial tour,	F 315		

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F 315	Continued From page 13 Resident #11 had a Foley catheter draining via gravity to a night drainage bag. The licensed practical nurse indicated the resident had a Foley catheter because the resident was incontinent. Resident #11's clinical record contained an order (Physician's Telephone Order) dated 4/27/09 at 10:00 PM, which lacked documented evidence (in the space provided) of a diagnosis indicating the need for a Foley catheter. Resident #11's clinical record contained an admission "Physician's Orders," dated 4/27/09 at 10:10 PM, which did not include (in the space provided) the medical diagnosis indicating a need for the Foley catheter. Resident #1 Resident #1 was admitted to the facility on 4/7/09, with a diagnoses of Urinary Tract Infection (UTI), Dehydration, Protein-Calorie Malnutrition, Pressure Ulcer, and Alzheimer's Disease. On the morning of 5/12/09 and 5/13/09, Resident #1 was observed with a Foley catheter draining into a drainage bag. Resident #1's admission record revealed she was admitted from an acute care facility with a Foley catheter and a Stage II pressure sore on her coccyx. The initial Photographic Wound Documentation dated 4/8/09, confirmed the Stage II pressure ulcer on the coccyx. A care plan dated on 4/22/09, documented the treatment and cleaning for the Foley catheter. A physicians telephone order dated 4/27/09 at 7:30 AM stated, "Remove Foley catheter. Check	F 315		

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VEGAS VALLEY REHABILITATION HOSPITAL	2945 CASA VEGAS STREET LAS VEGAS, NV 89109

(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 315	Continued From page 14 for voidal and residual/retention." At 2 PM on 4/27/09, another physician telephone order stated, "Cancel removal of Foley R/ Wound on Coccyx." On 5/13/09, the nurse manager was interviewed and indicated the reason for Resident #1's Foley catheter was that she had a wound on her coccyx. A review of Resident #1's wound treatment record dated 5/6/09, revealed the pressure sore on the coccyx was assessed as Stage I. There was no documented assessment in Resident #1's record for continued use of the Foley catheter other than the pressure sore on the coccyx (which never advanced to a Stage III or Stage IV).	F 315		
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 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. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure appropriate treatment to prevent possible complications with a gastrostomy tube for 1 of 18 residents (#11). Findings include:	F 322		

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F 322	Continued From page 15 Resident #11 Resident #11 was a 74 year-old female, admitted on 04/27/09, with diagnosis including Methicillin Resistant Staphylococcus Aureus (MRSA) pneumonia, chronic obstructive pulmonary disease (COPD), recent history of ventilator dependent respiratory failure, debility and a history of a cardiovascular accident (CVA). On 04/21/09, Resident #11 had a percutaneous endoscopic gastrostomy (PEG) tube placed for feedings secondary to her mid-to-moderate oropharyngeal dysphasia. Resident #11 had orders and was care planned to receive Glucerna 1.2 two cans after each meal if resident consumed less than 50% of meal. On 05/15/09 at 1:40 PM, the licensed practical nurse (LPN) gave Resident #11 a bolus feeding of two cans of Glucerna 1.2. Between the two cans of Glucerna 1.2, the LPN administered the resident's muscle relaxant. Prior to administering the first can of Glucerna 1.2, the LPN did not check for placement by instilling air into the tube and listening for a whooshing or gurgling sound. The Policy and Procedure for Gastrostomy Tube-Administering Enteral Feeding (Bolus and Continuous) Marked Original: 3/2006 (NP-G-4) revealed: "...5. Verify correct tube placement at least every eight (8) hours: A. Prior to beginning a feeding/flushing B. Administering medication... by... A. Checking for gastric residual...	F 322		

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F 322	Continued From page 16 B. Air Auscultation: Auscultate with stethoscope over the left upper quadrant of the abdomen and quickly inject twenty (20) to thirty (30) ml (milliliters) of air without resistance via the syringe into the tube and listed for a whooshing or gurgling sound..."	F 322		
F 431 SS=B	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431		

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F 431	Continued From page 17	F 431		

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and document review, the facility failed to ensure medications were stored under proper temperature controls.

Findings include:

A statement at the bottom of all temperature logs read, "ACCEPTABLE TEMPERATURE RANGE FOR REFRIGERATORS: 37 - 41 DEGREES FAHRENHEIT (F). ANY TEMPERATURES OUTSIDE OF THIS RANGE MUST BE REPORTED TO MAINTENANCE!"

On 5/13/09 in the afternoon, the refrigerator temperature logs in the medication room on the 100 Hall revealed the following:

1) Refrigerator #1 - Medication storage

January 2009 - No temperature readings for: 1/4, 1/6, 1/7, 1/19, 1/20, 1/24, 1/26 - 1/28, 1/31;

February 2009 - No temperature readings for: 2/7, 2/13, 2/14, 2/28; and

Date	Temp (F)	Reported to Maintenance
2/02	50 degrees	(Blank)
2/21	46 degrees	Yes
2/25	48 degrees	(Blank)

March 2009 - No temperature readings for 3/25, 3/28; and

Date	Temp (F)	Reported to Maintenance
3/03	50 degrees	No

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F 431	Continued From page 18 April 2009 - No temperature readings for: 4/4-4/6, 4/24, 4/25, 4/29; and Date Temp (F) Reported to Maintenance 4/18 32 degrees No 4/19 32 degrees No May 2009 - No temperature reading for 5/3. 2) Refrigerator #2 - Pyxis (classified medication dispensing system) January 2009 - No temperature readings for: 1/1 - 1/9, 1/15, 1/16, 1/18 - 1/20, 1/22 - 1/24, 1/26 - 1/31; February 2009 - No temperature readings for: 2/5 - 2/7, 2/12 - 2/14, 2/19 - 2/21, 2/26 - 2/28; March 2009 - No temperature readings for 3/5-3/7, 3/20, 3/26 - 3/28; April 2009 - No temperature readings for: 4/3, 4/4, 4/6, 4/16, 4/23 - 4/25, 4/29 - 4/30; May 2009 - No temperature reading for: 5/1 - 5/3, 5/7, 5/8 3) On 5/14/09 at 2:40 PM, two refrigerators and their respective logs for April and May, were inspected in the 200 Hall medication room. The logs for the refrigerator in which non-classified medications were stored, lacked documented evidence temperatures were checked on 4/5, 4/25, 4/26, 4/30, 5/3, 5/8, 5/9, 5/10 and 5/11/09. The logs for the Pyxis (classified medication dispensing system) refrigerator lacked	F 431		

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F 431	Continued From page 19 documented evidence temperatures were checked on 4/4, 4/5, 4/6, 4/12, 4/19, 4/26, 4/30, 5/3, 5/7, 5/8, 5/9, 5/10 and 5/11/09. The April log for the Pyxis refrigerator revealed: On 4/7/09 at 4:50 AM, the temperature was 62 degrees Fahrenheit (F), adjusted and reported to maintenance; at 5:15 AM, it was 74 degrees F, adjusted and reported to maintenance; at 5:30 AM, it was 74 degrees F and reported to maintenance; at 5:40 AM, it was 68 degrees F and reported to maintenance. On 4/11/09 at 9:00 AM, the temperature of the Pyxis refrigerator was 42 degrees F. The log lacked documented evidence it was reported to maintenance. On 5/14/09 in the afternoon, the maintenance supervisor explained, "When they reach into the (Pyxis) fridge, they bump the control (located on the right side close to the front) with their elbows, like this," as he demonstrated. On 5/15/09 in the morning, the maintenance supervisor indicated the nursing staff should call him when the temperature is not within the parameters. He would assist the nursing staff to get the temperatures back within the recommended guidelines. He added he was always available by cell phone to assist with the refrigerator temperatures, even at night, when most of the refrigerator temperatures were checked.	F 431		
F 442 SS=D	483.65(b)(1) PREVENTING SPREAD OF INFECTION When the infection control program determines	F 442		

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F 442	Continued From page 20 that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and document review, the facility failed to ensure that residents were placed in isolation appropriately to prevent the spread of infection for 1 of 18 residents (#13). Findings include: Resident # 13 Resident #13 was an 83 year old female admitted to the facility on 5/6/09 with diagnoses including Right Femoral Neck Fracture with Hip Arthroplasty, Coronary Artery Disease, Hypertension, and Anemia. Nursing Documentation form revealed: -5/9/09 (6 am - 6 PM) - 11:00 am "Received awake in bed c/o (complaining of) nausea, vomited x (times) 2 with greenish emesis...Noted soft BM (bowel movement) x3"; - 4:00 PM "RN Charge notified MD regarding diarrhea and vomiting c (with) NO's (new orders)." Physician's orders revealed: -5/9/09 "Stool C. diff (Clostridium Difficile) - 5/11/09 "Stool for C-diff x2 today" On 5/14/09 in the morning, there were no results of the first stool specimen in the medical record. There was no documented evidence that a second stool specimen was obtained and sent to	F 442		

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F 442	Continued From page 21 the laboratory. On 5/14/09 in the afternoon, the Director of Infection Control revealed when a resident was identified with a possible C-Diff infection, they were placed on Contact Isolation as a precaution. This was done as soon as the physician orders the C-Diff test and not when the results of the test were received. The Director of Infection Control further explained that generally a resident would be placed in a private room. If no private room was available, the resident would be placed with another resident who had the same organism. On 5/12/09 during the initial tour, Resident #13 was residing in a semiprivate room with Resident #19 (unsampled). Resident # 13 and Resident #19 were observed in the same room during the survey on 5/13, 5/14 and 5/15. There was no indication that Resident # 13 was on contact isolation. Resident #19 (Unsampled) Resident #19 was a 50 year old female admitted to the facility on 5/10/09 with diagnoses including Right Foot Osteomyelitis with Transmetatarsal Amputation (5/9/09), Diabetes, Hypertension and Chronic Anemia. The physician 's history and physical dated 5/11/09, indicated Resident #19 was receiving IV (Intravenous) antibiotics for 6 weeks as recommended by the Infectious Disease consultant. There was no documented evidence that	F 442		

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F 442	Continued From page 22 Resident #19 had a history of C. Diff (Clostridium Difficile). The physician's order dated 5/14/09 at 1400 (2:00 PM) revealed, "Stool C. Diff x2." The facility policy titled Isolation Precautions Including Universal Precautions dated 3/2006 revealed: 4. Contact Isolation -B. Protocols -1) Patient/Resident Placement -a). "Place the patient/resident in a private room, if possible when actively coughing, has copious wound drainage or poor hygiene. -b). When a private room is not available, place the patient/resident in a room with a patient(s)/resident(s) who has the same microorganisms but with no other infection (cohorting). -c. If a) and b) are not feasible, select a "roommate" with no invasive devices and who is primarily immune competent...." The Type and Duration of Precautions Needed for Selected Infections (included with the policy) revealed: Infection/Condition - C-Difficile Type of Isolation - Contact Duration - DI (Duration of Illness)	F 442		
F 444 SS=D	483.65(b)(3) PREVENTING SPREAD OF INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.	F 444		

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F 444	Continued From page 23 This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure staff performed handwashing per the agency's policy and as indicated by accepted professional standards of practice for 1 of 18 residents (#11). Findings include: Resident #11 On 5/15/09 at 10:10 AM, two licensed practical nurses (LPNs) changed the vacuum assisted closure (VAC) dressing on Resident #11's dehisced spinal surgical incision. LPN-A removed Resident #11's soiled non-VAC dressing from the wound and disposed of the dressing. LPN-A proceeded to clean the wound with wound cleanser and gauze, without removing the contaminated gloves (and performing hand hygiene). Regarding standard protocol for wound care, LPN-A explained, "After removing a soiled dressing, we're supposed to remove gloves, wash hands and put on a clean pair of gloves before cleaning/redressing the wound." When informed that the observation of Resident #11's wound care was documented step-by-step as it was occurring and said protocol was not followed, LPN-A replied, "Oh, you're right." At 10:35 AM, the Infection Control Nurse indicated standard infection control processes should be used when performing wound care.	F 444		

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F 444	Continued From page 24 The facility's Infection Control Policies and Procedures Subject: Isolation/Precautions Including Standard Universal Precautions, under Procedures 2. Standard Precautions, sometimes known as Universal Precautions and marked Original: 3/2006 (CP-111-67), revealed: "... 3) Change gloves between tasks and procedures on the same patient/resident after contact with material that may contain a high concentration of microorganisms. 4) Remove gloves promptly after use, before touching non-contaminated items ... 5) Wash hands immediately after removing gloves..." Note: According to, "The Fundamentals of Nursing - Concepts, Process and Practice," Fourth Edition, by Kozier, Erb and Olivieri, when performing wound care, the health care worker is to "...Don gloves, remove and dispose of dressing... Remove gloves, dispose of them and wash your hands..."	F 444		
F 465 SS=C	483.70(h) OTHER ENVIRONMENTAL CONDITIONS The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain safe storage of medical supplies.	F 465		

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F 465	Continued From page 25 Findings include: On 5/14/09 in the morning, an unlocked emergency crash cart was observed in a closet in the 100 Hall. The closet door was unlocked and the crash cart drawers were unlocked. The crash cart drawers contained numerous syringes and needles. The charge nurse indicated she was aware of the crash cart and she did not know how the drawers on the cart could be locked.	F 465		