STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	290005		09/04/2009

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A 000	INITIAL COMMENTS Surveyor: 22489 This Statement of Deficiencies was generated as a result of a Federal Validation survey completed at your facility from September 1, 2009 - September 4, 2009. The census was 143. A total of 30 records were reviewed. 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 regulatory deficiencies were identified.	A 000		
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Surveyor: 19948 Based on record review and staff interview, the facility's nursing staff failed to assess patient needs for administration of medications as ordered by the physician for 1 of 30 patients (Patient #13). Findings include: Patient #13 The patient was admitted to the facility on 8/6/09, for bloody diarrhea. A biopsy revealed cancer of	A 395		

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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A 395	Continued From page 1 the colon. Patient #13 was also found to be anemic and to have a low potassium of 3.3 mmol/L (millimoles per liter). Review of the record revealed that Patient #13 was receiving varying doses of potassium based on his laboratory values. On 8/31/09, a physician ordered Potassium 60 meq (milliequivalent) to be given by mouth "now" times one dose. Patient #13's potassium level at the time was 2.8. The potassium level was to be repeated in the AM (9/1/09). Note: A normal potassium is between 3.5-5.1. Potassium is important for fluid and electrolyte balance and is assisting muscles and nerves to work properly. Abnormal potassium levels can cause muscle cramps, dehydration, low blood pressure and changes in heart rhythm. (Potassium (K) on Blood/Healthwise by Caroline Rea, RN, BS, MS). Review of the electronic record revealed a screen print stating the ordered dose of potassium was not given. The screen print also stated "see nurses note" and "kcl (potassium chloride) 60 meq was given recently". A search of Patient #13's record did not disclose a nurses note referencing the non administration of the ordered medication. Employees #3 and #4 agreed on 9/1/09, that the nurses note could not be located and that the medication was not given. There was no evidence that the nurse notified the physician of the non administration of the medication or that nursing checked to see if the physician desired any alternate treatment for Patient #13. The patient's potassium level when drawn the following morning without the administration of the ordered medication was	A 395		

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A 395	Continued From page 2 shown to be 2.4, .4 mmol/L lower than the previous day.	A 395		
A 404	482.23(c) ADMINISTRATION OF DRUGS Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice. This STANDARD is not met as evidenced by: Surveyor: 19948 Based on record review and staff interview, the facility's nursing staff failed to administer medications as ordered by the practitioner for 2 of 30 patients (Patient #13, #18). Findings include: Patient #13 The patient was admitted to the facility on 8/6/09, for bloody diarrhea. A biopsy revealed cancer of the colon. Patient #13 was also found to be anemic and to have a low potassium. (3.3 mmol/L (millimoles per liter). Review of the record revealed that Patient #13 was receiving varying doses of potassium based on his laboratory values. On 8/31/09, a physician ordered Potassium 60 meg (milliequivalent) to be given by mouth "now" times one dose. Patient #13's potassium level at the time was 2.8. The potassium level was to be repeated in the AM (9/1/09). Note: A normal potassium is between 3.5-5.1 mmol/L. Potassium is important for fluid and	A 404		

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A 404	Continued From page 3 electrolyte balance and in assisting muscles and nerves to work properly. Abnormal potassium levels can cause muscle cramps, dehydration, low blood pressure and changes in heart rhythm. (Potassium (K) on Blood/Healthwise by Caroline Rea, RN, BS, MS) Review of the electronic record revealed a screen print stating the ordered dose of potassium was not given. The screen print also stated "see nurses note" and "kcl 60 meq was given recently". A search of Patient #13's record did not disclose a nurses note referencing the non administration of the ordered medication. Employees #3 and #4 agreed on 9/1/09, that the nurses note could not be located and that the medication was not given. The patient's potassium level when drawn the following morning without the administration of the ordered medication was shown to be 2.4, .4 mmol/L lower than the previous day. Patient #18 The patient was admitted to the facility on 8/23/09, with chest pain. Other diagnoses for Patient #18 included hypertension, depression, chronic back pain and asthma. On 8/28/09, the physician ordered Arixtra 10 mg, a medication used to prevent deep vein thrombosis, to be given subcutaneous (SQ) now and daily. Review of the Medication Administration Record (MAR) failed to document that the ordered medication was given for 8/28, 8/29, or on 9/3/09. In an interview with Employee # 3 on 9/4/09, it was disclosed that the medication was ordered by the physician on 8/29/09, not 8/28/09 indicating that the physician had misdated	A 404		

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A 404	Continued From page 4 the order. The order for the medication was faxed to the pharmacy at 4:40 PM on 8/29/09. The day shift passed on to the next shift that the Arixtra 10 mg needed to be given subcutaneous to Patient #18. However the next shift did not administer the medication. Employee #3 acknowledged that on 9/3/09, Arixtra 10 mg SQ was not available in the patient's medication. The pharmacy was notified and the medication was delivered to the floor at 12:29 PM. However, for some unexplained reason, the nursing staff failed to administer the daily medication as ordered to Patient #18.	A 404		
A 505	482.25(b)(3) UNUSABLE DRUGS NOT USED Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use. This STANDARD is not met as evidenced by: Surveyor: 19948 Based on observation, staff interview, and review of facility policy, the facility failed to ensure that there was a system in place ensuring that outdated or otherwise unstable drugs and biologicals were not available for patient use. Findings include: During observation of the medication room of Tower 3 (3rd floor of the Tower building) on 9/01/09, an opened vial of PPD (tuberculin testing material) was found in the refrigerator. There was a date of 9/28 written on the label. Employee #4 explained that it was the policy of the facility to date the vial when opened with the date that the biological should be discarded.	A 505		

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A 505	Continued From page 5 Review of the facility policy entitled, "Storage of Multiple-Dose Sterile Preparations," Procedure Number: RXMM 2.20.02 PR2, revised 12/06, stated in Procedure 2. The date when Multiple-use sterile preparations are opened is written on the label of the container. The facility's practice was not supported by the facility policy.	A 505		
A 592	482.27(b) POTENTIALLY INFECTIOUS BLOOD/BLOOD PRODUCTS Standard: Potentially infectious blood and blood products. (1) Potentially human immunodeficiency virus (HIV) infectious blood and blood components. Potentially HIV infectious blood and blood components are prior collections from a donor - (i) Who tested negative at the time of donation but tests reactive for evidence of HIV infection on a later donation; (ii) Who tests positive on the supplemental (additional, more specific) test or other follow-up testing required by FDA; and (iii) For whom the timing of seroconversion cannot be precisely estimated. (2) Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47. (3) Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs	A 592		

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A 592	Continued From page 6 the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital -- (i) Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection; (ii) Within 45 days of the test, of the results of the supplemental (additional, more specific) test for HIV or HCV, as relevant, or other follow-up testing required by FDA; (iii) Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available, as set forth at 21 CFR 610.48(b)(3). (4) Quarantine of blood and blood components pending completion of testing. If the blood collecting establishment (either internal or under an agreement) notifies the hospital of the reactive HIV or HCV screening test results, the hospital must determine the disposition of the blood or blood component and quarantine all blood and blood components from previous donations in inventory. (i) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is negative, absent other informative test results, the hospital may release the blood and blood components from quarantine. (ii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up	A 592		

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A 592	Continued From page 7 testing required by FDA is positive, the hospital must - (A) Dispose of the blood and blood components; and (B) Notify the transfusion recipients as set forth in paragraph (b)(6) of this section. (iii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is indeterminate, the hospital must destroy or label prior collections of blood or blood components held in quarantine as set fors at 21 CFR 610.46(b)(2), 610.47(b)(2), and 610.48(c)(2). (5) Recordkeeping by the hospital. The hospital must maintain -- (i) Records of the source and disposition of all units of blood and blood components for at least 10 years from the date of disposition in a manner that permits prompt retrieval; and (ii) A fully funded plan to transfer these records to another hospital or other entity if such hospital ceases operation for any reason. (6) Patient notification. If the hospital has administered potentially HIV or HCV infectious blood or blood components (either directly through its own blood collecting establishment or under an agreement) or released such blood or blood components to another entity or appropriate individual, the hospital must take the following actions: (i) Make reasonable attempts to notify the patient, or to notify the attending physician who ordered the blood or blood component and ask the physician to notify the patient, or other individual as permitted under paragraph (b)(10) of this section, that potentially HIV or HCV	A 592		

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A 592	Continued From page 8 infectious blood or blood components were transfused to the patient and that there may be a need for HIV or HCV testing and counseling. (ii) If the physician is unavailable or declines to make the notification, make reasonable attempts to give this notification to the patient, legal guardian or relative. (iii) Document in the patient's medical record the notification or attempts to give the required notification. (7) Timeframe for notification. (i) For donors tested on or after February 20, 2008. For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 21 CFR 610.47 the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification over a period of 12 weeks unless-- (A) The patient is located and notified; or (B) The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks. (ii) For donors tested before February 20, 2008. For notifications from donors tested before February 20, 2008 as set forth at 21 CFR 610.48(b) and (c), the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HCV infectious blood and blood components. The hospital must make reasonable attempts to give notification and must complete the actions within 1 year of the date on which the hospital received notification from the outside blood collecting	A 592		

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A 592	Continued From page 9 establishment. (8) Content of notification. The notification must include the following information: (i) A basic explanation of the need for HIV or HCV testing and counseling. (ii) Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling. (iii) A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose. (9) Policies and procedures. The hospital must establish policies and procedures for notification and documentation that conform to Federal, State, and local laws, including requirements for the confidentiality of medical records and other patient information. (10) Notification to legal representative or relative. If the patient has been adjudged incompetent by a State court, the physician or hospital must notify a legal representative designated in accordance with State law. If the patient is competent, but State law permits a legal representative or relative to receive the information on the patient's behalf, the physician or hospital must notify the patient or his or her legal representative or relative. For possible HIV infectious transfusion recipients that are deceased, the physician or hospital must inform the deceased patient's legal representative or relative. If the patient is a minor, the parents or legal guardian must be notified. (11) Applicability. HCV notification requirements resulting from donors tested before February 20,	A 592		

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A 592	Continued From page 10 2008 as set forth at 21 CFR 610.48 will expire on August 24, 2015. This STANDARD is not met as evidenced by: Surveyor: 22462 Based on a review of the laboratory 's Look-Back policy and an interview with the laboratory manager, the hospital did not have an adequate procedure for taking action when notified that blood or blood components it received were at increased risk of transmitting HIV or HCV. Findings include: The laboratory manager confirmed on 9/1/09 that the Look-Back policy did not include the following: 1. Notification of the patient's relative. 2. Reasonable attempts to give notification over a period of 12 weeks unless the patient is located and notified, or the hospital is unable to locate the patient and documents in the patient's record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.	A 592		
A 749	482.42(a)(1) INFECTION CONTROL OFFICER RESPONSIBILITIES The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel. This STANDARD is not met as evidenced by: Surveyor: 13766 Based on observations and interview with the Infection Control Nurse, 2 of the facility's nursing	A 749		

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A 749	Continued From page 11 staff failed to use hand sanitizer or wash their hands after direct contract with 2 patients. Findings include: On 9/3/09, during the morning medication pass, Employee #1 took the blood pressure and pulse of Patient #24. Employee #1 did not use hand sanitizer or wash her hands after direct contact with Patient #24. On 9/4/09 in the afternoon, Employee #2 administered Ibuprofen 800 milligrams for pain to Patient #31. Employee #2 removed the medication cup and the patient's glass after Patient #31 used it and proceeded to assist Patient #31 to the bathroom. Employee #2 did not use hand sanitizer or wash his hands after he had direct contact with the patient. On 9/3/09, the Infection Control Nurse (ICN) indicated the facility practices constant surveillance for proper hand washing. She indicated any staff member who was observed not using proper technique should be in-serviced immediately. The ICN indicated universal precautions are to used on every patient and proper hand washing was very important to prevent the spread of infection.	A 749		
A1154	482.57(a)(2) ADEQUATE RESPIRATORY CARE STAFFING There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law.	A1154		

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A1154	Continued From page 12 This STANDARD is not met as evidenced by: Surveyor: 22462 Based on interviews with the respiratory department director and the representative from human resources, and a review of respiratory department and hospital-wide policies, the medical staff was not involved in determining the qualifications of respiratory therapists, respiratory technicians, and other personnel in the respiratory department. Findings include: In an interview on 9/3/09, the human resources department representative stated that the medical staff did not specify the qualifications of the personnel working in the respiratory department. This was confirmed by an interview and policy reviews conducted with the respiratory department director on 9/4/09.	A1154		
A1162	482.57(b)(2) BLOOD GASES/LAB TEST REQUIREMENTS If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit must meet the applicable requirements for laboratory services specified in §482.27. This STANDARD is not met as evidenced by: Surveyor: 22462 Based on an interview with the respiratory department director, the respiratory care unit did not include the laboratory testing conducted by the department into the hospital-wide quality assessment program. Findings include:	A1162		

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A1162	Continued From page 13 The respiratory department director confirmed on 9/4/09 that the clinical laboratory tests (blood gases) performed in the respiratory care unit were not included in the hospital-wide quality assessment program.	A1162		