POC accepted 11/12/09 B. Cavenagh HFS III letter sent

PRINTED: 10/05/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVN190S		C 09/10/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENOWN SKILLED NURSING	1835 ODDIE BLVD SPARKS, NV 89431

(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
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 8/6/09 and finalized on 9/9/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00022120 was unsubstantiated with an unrelated deficiency cited. (See Tag Z 230). Complaint #NV00022666 was unsubstantiated with an unrelated deficiency cited. (See Tag Z 230). Complaint #NV00021562 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. 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.	Z 000	RECEIVED OCT 14 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the	Z230		

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	(X6) DATE
Ellen Kelly, MPH, NHA, RD	Administrator	10/13/09

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Z230	Continued From page 1 comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to hold blood pressure medication in accordance with physician order for 1 of 6 residents (#5) and failed to promptly obtain a speech therapy evaluation on 2/20/09 for 1 of 6 residents (Resident #2). Severity 2 Scope 1	Z230		

Z230

IDENTIFICATION

- A sample of skilled and long term care cases will be audited for compliance with facility's blood pressure medication monitoring protocol. The sample shall include representation from each nursing unit as well as both nursing shifts. **10/28/09**
- Facility will review the last 4 weeks of therapy evaluation orders to insure each referral has been appropriately communicated to Therapy and a thorough evaluation completed.

CORRECTIVE ACTIONS

- Resident #2 was deceased at the time of the complaint survey. **10/12/09**
  Conducted concurrent audit on all cases currently residing on resident's former nursing unit. Did not locate any therapy evaluation orders that were not promptly addressed.
- Resident #5 – no longer resides at the facility. **10/19/09**
  Retrospective review of resident's record also does not reflect this individual Was on any medications subject to our blood pressure monitoring protocol. Director of Nursing, Clinical Documentation Specialist and Administrator reviewed records for residents #1, #3, #4 and #6 in the sample. Based on this review, we believe the deficiency should refer to resident #3, who is no longer at the facility either. We have identified the healthcare provider in the incident, based on the medication administration record, we will conduct a 1:1 review of the facility's policy with this practitioner.

SYSTEMATIC ACTION:

- Blood pressure monitoring system revisions: **10/28/09**
  c) Revised the clinical order entry process so protocol guideline will appear within the applicable hypertensive medication order rather than as a separate order on another page of the medication administration record to foster continuity for the nurse.
  b) Unit Clerks will be educated on the procedural change by the Director of Nursing.
  c) Licensed Nursing staff meetings will be conducted to insure staff comprehension of the process and the required documentation elements.
- Therapy evaluation order process revisions
  : Nursing will execute a referral slip to the applicable therapy based upon the physician's order.
  : The original referral slip will be routed to Physical, Occupational or Speech Therapy. The carbon on the referral will be maintained in the physician order section.
  : Night Shift : Nursing staff will be educated to check for any opened therapy referral slips as part of our 24 hour unit check.
  : Upon completion of the evaluation, therapy will sign off on the referral and file with the evaluation in the therapy section of the resident's medical record.

QUALITY MONITORING:

- The Quality Compliance Nurse shall monitor a facility cross section sample incorporating blood pressure medication monitoring practices and prompt action on therapy evaluation orders. **Quarterly Monitoring post 10/28/09**

- Outcome reports shall be presented to the facility's quality improvement committee on a quarterly basis.

- Nursing supervisor staff shall also periodically conduct unannounced checks of both processes as part of nursing unit rounding.