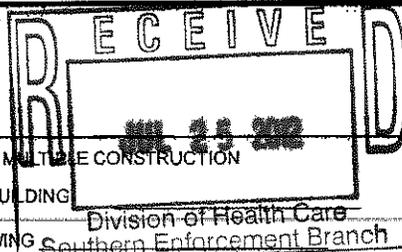


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185243	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING Division of Health Care Southern Enforcement Branch	(X3) DATE SURVEY COMPLETED 06/28/2012
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NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDAL APARTMENTS ROAD PINEVILLE, KY 40977
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(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
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F 000	INITIAL COMMENTS An abbreviated standard survey (KY18557) was conducted on 06/28/12. The complaint was substantiated and deficient practice was identified at "D" level.	F 000		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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 by: Based on interview and record review, the facility failed to provide the necessary care and services in accordance with the comprehensive assessment and plan of care for two of three sampled residents (Residents #1 and #2). Record review for Resident #1 revealed the Registered Dietitian (RD) made recommendations on 05/03/12 and 05/10/12, for discontinuation and/or change in the resident's appetite stimulant due to the resident's poor response, and a multi-vitamin to be added to increase the resident's appetite and to aid in healing of Resident #1's skin. In addition, the RD had made recommendations for Resident #1's physician to be contacted related to the resident's poor response to Megace (an appetite stimulant) and the need for a multi-vitamin to increase the resident's appetite and help the resident's skin heal. However, based on a review of	F 309	Mountain View Nursing & Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and purposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Mountain View Nursing & Rehabilitation Centers 's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Mountain View Nursing & Rehabilitation Center reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.	8/10/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Wiley M. Broadus* TITLE: Administrator (X6) DATE: 07-23-2012

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 309	<p>Continued From page 1</p> <p>documentation in Resident #1's nurse's notes and a review of the resident's medication regimen the facility failed to ensure the physician was contacted as recommended by the RD. A review of Resident #2's medical record revealed the RD made a recommendation on 05/03/12, for a therapeutic snack between meals to be added to the resident's diet. The record also revealed the RD had made recommendations that the resident's current appetite stimulant be changed to another appetite stimulant due to weight loss. However, a review of documentation revealed facility staff failed to notify the physician of the RD's recommendations until 06/19/12 and 06/22/12, a timeframe of 47 and 44 days after the recommendation had been made.</p> <p>The findings include:</p> <p>An interview with the Director of Nursing (DON) on 06/28/12, at 11:10 AM, revealed the facility did not have a policy related to recommendations made by the Registered Dietitian.</p> <p>1. Record review revealed the facility admitted Resident #1 on 05/01/12, with diagnoses of Failure to Thrive, Vitamin B-Complex Deficiencies, Alzheimer's Disease, an Unstageable Pressure Area to the Right Heel, and two Stage 2 pressure areas to the resident's coccyx that were present on admission. A review of the 30-day Minimum Data Set (MDS) Comprehensive Assessment dated 05/29/12, revealed facility staff had assessed the resident to require extensive assistance with transferring, eating, and bathing.</p> <p>A review of the RD's progress notes dated</p>	F 309	<p>F 309</p> <p>Resident #1 was discharge from the facility on 6/8/12. Resident #2 was reassessed by the RD on 7/19/12 with no new dietary recommendations made.</p> <p>An audit of the RD recommendations completed since June 1, 2012 for all current residents was completed on 7/23/2012 by the facility Administrative Nursing Staff, consisting of DON, QI Nurse, Staff Facilitator, & MDS Nurses to ensure that all RD recommendations have been addressed as appropriate. Any issues identified as a result of the audit have been reported to the MD & addressed as appropriate. Each resident will continue to receive the necessary care & services to attain or maintain the highest practicable physical, mental, & psychological well-being in accordance with the comprehensive assessment and</p>	

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F 309	<p>Continued From page 2</p> <p>05/03/12, revealed the RD assessed Resident #1 to have a 16.6 percent meal intake average since admission to the facility on 05/01/12. Further review of the RD's progress notes revealed the RD had recommended the physician be contacted to discontinue Resident #1's order for Megace (an appetite stimulant) due to a poor response in increasing the resident's appetite. The RD also recommended on 05/03/12, to add a multi-vitamin to the resident's medication regimen in an effort to increase the resident's appetite and to help the resident's skin heal.</p> <p>A review of the RD's progress notes dated 05/10/12, revealed the RD had assessed Resident #1 on 05/10/12, related to a decreased appetite and weight loss of 7.9 percent since the resident's admission to the facility. Continued review of the RD's progress notes revealed the RD had documented on 05/10/12, to "Continue to recommend possible discontinuing Megace, and to try a different appetite stimulant. Continue to encourage intake, continue to recommend a MVI to help skin heal and increase appetite."</p> <p>A review of the nurse's notes in Resident #1's medical record was conducted on 06/28/12, and revealed no evidence facility staff had contacted Resident #1's physician as recommended by the RD on 05/03/12 or 05/10/12.</p> <p>An interview with the Director of Nursing (DON) on 06/28/12, at 11:10 AM, confirmed facility staff failed to contact Resident #1's physician as recommended by the RD on 05/03/12, and also failed to contact the resident's physician as recommended by the RD on 05/10/12. Continued interview with the DON revealed nurses were</p>	F 309	<p><u>F309 Con't</u></p> <p>Plan of care including notifying the MD of RD recommendations timely with interventions initiated as ordered per the MD.</p> <p>A facility protocol for addressing RD recommendations was developed on 7/17/12 by the Weight QI Committee, consisting of the DON, Administrator, QI Nurse, Dietary Manager, & MDS Nurse. Licensed nurses were re-trained on 7/19/12 by the Staff Facilitator Nurse regarding this Protocol & the importance of providing all residents with the necessary care & services in accordance with the comprehensive assessments & plan of care, including promptly notifying the MD of RD recommendations.</p> <p>A weekly QI audit will be conducted by the QI Nurse to ensure that RD recommendations completed from the previous week have been called to the MD & interventions have been initiated as ordered by the MD with documentation made in the</p>		

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F 309	<p>Continued From page 3</p> <p>responsible to follow through with dietary recommendations when they were received. Further interview with the DON revealed she was responsible to ensure RD recommendations were completed for the residents.</p> <p>2. A review of the medical record for Resident #2 revealed the facility admitted Resident #2 on 12/14/11, with diagnoses including a fracture of the right femur, a sacral decubitus (pressure sore), Coronary Artery Disease, Hypertension, and Depression. The Minimum Data Set (MDS) quarterly assessment dated 06/19/12, revealed facility staff had assessed the resident to require supervision and setup assistance for eating.</p> <p>A review of the RD's progress notes dated 05/03/12, revealed the RD assessed Resident #2 to have a 27.5 percent meal intake average and made the recommendation that therapeutic snacks with shakes be added to Resident #2's diet. A review of the RD's progress noted dated 05/10/12, revealed the RD assessed Resident #2 to have a 6 percent weight loss in 30 days and a current intake average of 21.4 percent of meals and 53.3 percent of snacks. In addition, the RD made recommendations to discontinue the resident's current order for an appetite stimulant (Megace) due to the resident's weight loss. The RD recommended a different appetite stimulant (Remeron) or an appetite stimulant of physician's choice be tried in an effort to stimulate the resident's appetite.</p> <p>A review conducted on 06/28/12, of the nurse's notes in Resident #2's medical record revealed on 05/14/12, four days past the date the RD recommendation was made, facility staff left a</p>	F 309	<p>F 309 Con't</p> <p>medical record. Any issues identified will be corrected at the time of review with appropriate MD notification completed as necessary.</p> <p>The results of these audits will be reviewed with the DON & Administrator in the monthly Weight QI Committee meeting, consisting of the DON, Dietary Manager &/or RD, QI nurse, Staff Facilitator, & MDS nurse, where the results of these audits will be compiled and assessed for trends by the Weight QI Committee & actions taken based on these assessments. Trends & the accompanying action will be reviewed monthly by the Executive QI Committee, consisting of the DON, Administrator, Medical Director, QI Nurse and any other person assigned by the Administrator, with further retraining or other such interventions implemented as necessary.</p> <p>Completion Date: August 10, 2012</p>	8/10/12

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F 309	Continued From page 4 message with the physician's office staff regarding the RD's recommendation for a change in an appetite stimulant but there was no evidence facility staff had talked with the physician about the RD's recommendations until 06/19/12 and 06/22/12, 47 and 44 days past the date the RD's recommendations were made. A review of the physician's orders in Resident #2's medical record revealed on 06/19/12, the physician wrote an order to add one-half sandwich with mighty shakes between meals and on 06/22/12, the physician prescribed Periactin (appetite stimulant) for Resident #2. An interview with the Director of Nursing (DON) on 06/28/12, at 2:39 PM, confirmed the facility staff failed to follow up on the phone call made to Resident #2's physician as recommended based on the RD's assessment on 05/03/12 and 05/10/12.	F 309			
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced	F 325			

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F 325	Continued From page 5 by: Based on interview and record review, the facility failed to ensure interventions consistent with the resident's needs were implemented to maintain the nutritional status for two of three sampled residents (Residents #1 and #2). Record review for Resident #1 revealed the resident was assessed by the facility's Registered Dietitian on 05/03/12 and 05/10/12, and recommendations were made for a discontinuation and/or a change in the resident's appetite stimulant due to the resident's poor response, and the addition of a multi-vitamin to increase the resident's appetite and to help the resident's skin heal. However, review of the facility's documentation and interview with the Director of Nursing revealed the facility failed to ensure Resident #1's physician was informed of the dietitian's recommendations related to the resident's nutritional status/problems. The findings include: An interview with the Director of Nursing (DON) on 06/28/12, at 11:10 AM, revealed the facility did not have a policy related to recommendations made by the Registered Dietitian (RD). 1. A review of documentation in the medical record revealed the facility admitted Resident #1 on 05/01/12, with diagnoses of Failure to Thrive, Vitamin B-Complex Deficiencies, Alzheimer's Disease, an Unstageable Pressure Area to the Right Heel, and two Stage 2 pressure areas present on admission to the resident's coccyx. The 30-day Minimum Data Set (MDS) Comprehensive Assessment dated 05/29/12, revealed Resident #1 required extensive	F 325	F 325 Resident #1 was discharged from the facility on 6/8/12. Resident #2 was reassessed by the RD on 7/19/12 with no additional recommendations made. A QI audit was conducted on 7/23/12 by the facility Administrative Nurses, consisting of the DON, QI Nurse, Staff Facilitator, & MDS nurses of RD recommendations completed since June 1, 2012 for current residents to ensure that the MD has been made aware of any RD recommendations & that any orders received have been initiated as appropriate. The facility will continue to monitor on an on-going basis that residents are provided a therapeutic diet when there is a nutritional problem & that residents maintain acceptable parameters of nutritional status unless the resident's clinical condition demonstrates this is not possible by ensuring that RD recommendations are followed up on timely per the newly established facility protocol.		

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F 325	<p>Continued From page 6</p> <p>assistance with transferring, eating, and bathing.</p> <p>The RD's progress notes dated 05/03/12, revealed the Resident #1 had a 16.6 percent meal intake average since admission to the facility on 05/01/12. Documentation in the RD's progress notes revealed a recommendation for Resident #1's physician to be contacted to consider discontinuing Resident #1's Megace (an appetite stimulant) due to the poor response in increasing the resident's appetite. The RD also recommended on 05/03/12, to add a multi-vitamin to the resident's medication regimen to help the resident's skin heal and increase the resident's appetite.</p> <p>Continued review of the RD's progress notes revealed on 05/10/12, the RD had assessed Resident #1 related to the resident's decreased appetite and weight loss of 7.9 percent since the resident's admission to the facility. The RD also documented on 05/10/12, to "Continue to recommend possible discontinuing Megace, and to try a different appetite stimulant. Continue to encourage intake, continue to recommend a MVI to help skin heal and increase appetite."</p> <p>A review of the nurse's notes in Resident #1's medical record was conducted on 06/28/12, and revealed no evidence facility staff had contacted Resident #1's physician as recommended by the RD on 05/03/12 or 05/10/12.</p> <p>An interview with the Director of Nursing (DON) on 06/28/12, at 11:10 AM, confirmed facility staff failed to contact Resident #1's physician as recommended by the RD on 05/03/12 and on 05/10/12. The DON stated nurses were</p>	F 325	<p>F325 Con't</p> <p>A facility protocol for addressing RD recommendations was developed on 7/17/12 by the Weight QI Committee, consisting of the DON, Administrator, QI Nurse, Dietary Manager, & MDS Nurse. This Protocol states that the MD will be notified of RD recommendations within 24-72 hours & interventions will be initiated based on the MD's orders. Follow up will occur daily until the recommendation is addressed. In the event the recommendation is not addressed within 72 hours the DON & Administrator will be made aware for additional follow up. In the event the MD declines the recommendation a note will also be placed in the resident's medical record with the reason for the decline noted. Licensed nurses were re-trained on 7/23/12 by the Staff Facilitator Nurse regarding this Protocol & the importance of providing all residents with the interventions necessary to maintain the nutritional status in accordance</p>	

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F 325	<p>Continued From page 7</p> <p>responsible to follow through with dietary recommendations when they were received. Further interview with the DON revealed she was responsible to ensure RD recommendations were completed for the residents.</p> <p>2. Record review revealed the facility admitted Resident #2 on 12/14/11, with diagnoses including a fracture of the right femur, a sacral decubitus (pressure sore), Coronary Artery Disease, Hypertension, and Depression. A review of the quarterly Minimum Data Set (MDS) assessment dated 06/19/12, revealed facility staff had assessed the resident to require supervision and setup assistance for eating.</p> <p>A review of the RD's progress notes dated 05/03/12, revealed the RD assessed Resident #2 to have a 27.5 percent meal intake average and made the recommendation that therapeutic snacks with shakes be added to Resident #2's diet. In addition, a review of the RD's progress notes dated 05/10/12, revealed the RD assessed Resident #2 to have a 6 percent weight loss in 30 days and his/her current meal intake average was 21.4 percent of meals and 53.3 percent of snacks. Further review of the RD's progress notes revealed the RD had made recommendations to discontinue the resident's current order for an appetite stimulant (Megace) due to weight loss and to try a different appetite stimulant (Remeron) or an appetite stimulant of the physician's choice.</p> <p>A review of the nurse's notes in Resident #2's medical record was conducted on 06/28/12, and revealed on 05/14/12, 4 days past the date the RD's recommendation was made, facility staff</p>	F 325	<p><u>F325 Con't</u> with the comprehensive assessments & plan of care.</p> <p>A weekly QI audit will be conducted by the QI Nurse to ensure that any RD recommendations completed from the previous week have been called to the MD & interventions have been initiated as ordered by the MD with documentation made in the medical record. Any issues identified will be corrected at the time of review with appropriate MD notification completed as necessary.</p> <p>The results of these audits will be reviewed with the DON & Administrator in the monthly Weight QI Committee meeting, consisting of the DON, Dietary Manager &/or RD, QI nurse, Staff Facilitator, & MDS nurse, where the results of these audits will be compiled and assessed for trends by the Weight QI Committee & actions taken based on these assessments. Trends & the</p>	

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F 325	Continued From page 8 had placed a call to the physician's office and left a message with the physician's office staff regarding the change in an appetite stimulant, but there was no evidence facility staff had spoken directly with the physician about the RD's recommendations until 06/19/12 and 06/22/12, 47 and 44 days past the date the RD's recommendations were made. Documentation in the medical record revealed the physician had provided an order on 06/19/12, to add one-half sandwich with mighty shakes between meals and on 06/22/12, an order for Periactin (appetite stimulant). An interview with the Director of Nursing (DON) on 06/28/12, at 2:39 PM, confirmed the facility staff failed to follow up on the phone call made to Resident #2's physician as recommended by the RD on 05/03/12 and 05/10/12. Further interview with the DON revealed it is her responsibility to ensure RD recommendations are completed for residents.	F 325	F325 Con't accompanying action will be reviewed monthly by the Executive QI Committee, consisting of the DON, Administrator, Medical Director, QI Nurse and any other person assigned by the Administrator, with further retraining or other such interventions implemented as necessary. Completion Date: August 10, 2012	8/10/12
F 520 SS=D	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of	F 520		

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F 520	<p>Continued From page 9 action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility's policies, quality improvement audits, Statement of Deficiencies cited 02/09/12, and the facility's plan of correction (with a correction date of 03/25/12), the facility failed to develop and implement an appropriate plan of action to correct identified deficiencies for two of three sampled residents (Residents #1 and #2). A review of the medical record for Resident #1 revealed the Registered Dietitian (RD) assessed and made recommendations on 05/03/12 and 05/10/12, to discontinue and/or change the resident's appetite stimulant due to the resident's poor response. The RD also made recommendations to add a multi-vitamin to increase Resident #1's appetite and to help the resident's skin heal. In addition, a review of the medical record for Resident #2 revealed the RD assessed and made recommendations on 05/03/12, for therapeutic snacks to be added between the resident's meals due to the resident's poor intake of meals. The RD also</p>	F 520	<p>F520 Resident #1 was discharge from the facility on 6/8/12. Resident #2 has been reassessed by the RD on 7/19/12 with no new nutritional interventions made..</p> <p>The Director of Nursing position was replaced on 6/29/12. The facility Administrative Staff, including the Administrator, new DON, QI nurse, Staff Facilitator, MDS nurses, Dietary Manager, Housekeeping Supervisor, Activities Director, & Social Worker were re-educated on 7/12/11 by the Facility Consultant on the QI Process. This re-training included review of the definition of QI & the Quality Improvement focus, regulatory requirements, key concepts of Systems, Surveillance, Trending & Outcomes; the Steps of Quality Improvement that include identification of actual/potential problems, identifying & evaluating trends, developing an action plan, implementing the action plan & on-going monitoring.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/28/2012
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 FERNDAL APARTMENTS ROAD PINEVILLE, KY 40977		
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F 520	<p>Continued From page 10</p> <p>assessed and made recommendations on 05/10/12, for Resident #2's current appetite stimulant to be changed due to the resident's weight loss. However, a review of documentation revealed the facility failed to inform the physician of the RD's recommendation until 44 and 47 days after the dates the recommendations were made. A review of the facility's Statement of Deficiencies from the facility's annual relicensure/recertification survey completed on 02/09/12, revealed the facility had failed to ensure dietary recommendations were followed through for the residents. A review of the facility's plan of correction (with a correction date of 03/25/12) revealed the facility stated a weekly Quality Improvement (QI) audit would be conducted by the Director of Nursing (DON) to ensure physicians were notified of the RD's recommendations and that the documentation was completed in the resident's medical record.</p> <p>The findings include:</p> <p>A review of the facility policy titled Quality Assurance Policy, dated January 2011, revealed the facility's Quality Improvement Program would recognize concerns in resident care and a plan of action for the resolution of those concerns would be developed. The facility policy also stated an evaluation of the plan of action would occur to ensure the identified concerns were resolved and that they did not reoccur.</p> <p>1. A review of the medical record for Resident #1 revealed the RD had assessed the resident and made recommendations on 05/03/12 and again on 05/10/12, to discontinue and/or change the resident's appetite stimulant due to the resident's</p>	F 520	<p>F520 Con't</p> <p>Weekly & monthly QI meetings will continue to be held with the DON, Administrator, QI Nurse, Dietary Manager, MDS Nurse, & other Interdisciplinary Team members as directed by the Administrator. Any identified areas of concern will continue to be addressed & corrected. The findings of the weekly & monthly QI Committee meetings are being reviewed monthly by the Executive QI Committee consisting of the DON, Administrator, Medical Director, QI Nurse and any other person assigned by the Administrator, with further retraining or other such interventions implemented as necessary.</p> <p>Completion Date: August 10, 2012</p>	8/10/12	

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F 520	<p>Continued From page 11</p> <p>poor response. The RD also made recommendations to add a multi-vitamin to increase Resident #1's appetite and to help the resident's skin heal. Further review of the resident's medical record revealed no evidence Resident #1's physician was ever contacted related to the recommendations made by the RD.</p> <p>A review of documentation revealed the Director of Nursing (DON) conducted a QI audit on Resident #1's record to ensure the RD's recommendations were followed. Documentation revealed the RD had made recommendations on 05/11/12, 05/25/12, and 06/01/12, however, there was no evidence that the facility staff had acted on the recommendations or that the DON had identified any concerns with the resident's record.</p> <p>2. A review of the medical record for Resident #2 revealed the RD had assessed the resident and made recommendations on 05/03/12, for a therapeutic snack to be added between meals due to poor intake at meals. The RD also assessed the resident and made a recommendation on 05/10/12, for the resident's current appetite stimulant (Megace) to be changed to another appetite stimulant due to weight loss. Further review of the resident's medical record revealed the resident's physician's office was contacted and a message was left about the recommendation to change the appetite stimulant on 05/14/12, but there was no evidence the facility staff followed up to ensure the physician had received the message to provide further orders. A review of the physician's orders dated 06/19/12, 47 days after the RD's recommendation was made, revealed a therapeutic snack had been ordered by the</p>	F 520		

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F 520	<p>Continued From page 12</p> <p>physician to be provided between meals for Resident #2. Further review of the physician's orders dated 06/22/12, 44 days after the RD's recommendation was made, revealed Periactin (an appetite stimulant) had also been ordered in addition to the current appetite stimulant (Megace).</p> <p>Interview with the DON on 06/28/12, at 2:39 PM, revealed it is her responsibility to ensure RD recommendations are completed. The interview further revealed the dietary recommendations for Resident #2 on 05/03/12 and 05/10/12, were missed but were found during the weekly meeting resulting in the physician being contacted and new orders being received for Resident #2.</p> <p>An interview with the Quality Assurance (QA) Coordinator on 06/28/12, at 2:45 PM, revealed the DON completed the audits for the RD's recommendations for the residents. Further interview with the QA Coordinator revealed she was unaware of any concerns that had been identified related to the RD's recommendations.</p> <p>An interview with the DON on 06/28/12, at 2:30 PM, revealed she was responsible to ensure dietary recommendations were followed through on. The DON stated she had been conducting weekly audits to ensure dietary recommendations were completed and had not identified any problems. Continued interview with the DON confirmed she had conducted an audit of Resident #1's record related to the recommendations made by the RD on 05/11/12, 05/25/12, and 06/01/12, and stated she had not identified any concerns. The DON continued to state she must have "just missed" the RD's</p>	F 520			

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F 520	Continued From page 13 recommendations for Resident #1 during her audits. An interview with the facility Administrator on 06/28/12, at 5:45 PM, revealed she was unaware of any identified concerns related to the RD's recommendations. An interview with the facility Nurse Consultant on 06/28/12, at 6:40 PM, revealed she had completed an audit of RD recommendations during the week of 06/18-22/12, and acknowledged problems had been identified, and stated interventions had not been implemented.	F 520			