

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

PRINTED: 04/08/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2010
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NAME OF PROVIDER OR SUPPLIER BAPTIST CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MAIN STREET NEWPORT, KY 41071
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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)	(X6) COMPLETION DATE
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RECEIVED
APR - 7 2010

F 000	INITIAL COMMENTS	F 000	F 281	
F 281 SS=D	<p>483.20(k)(3)(l) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to provide services to meet professional standards of quality related to medication administration for one (1) unsampled resident (Unsampled Resident #1).</p> <p>The findings include:</p> <p>Observation during the medication pass on 03/17/10 at 9:20 AM, revealed Registered Nurse (RN) #1 crushed four (4) medications (Plavix 75 milligrams (mg), Zino one (1) tablet, Avalox 400 mg, and Atenolol 25 mg) for administration via a gastronomy tube (g-tube). After crushing the medication the RN placed them into separate medication cups. RN #1 checked placement of tube and administered the crushed medications without dissolving them in water. The RN placed the dried medications into the syringe and then attempted to flush with water. The water would not flow via gravity and the RN was observed to pinch and stretch the g-tube in an effect to get the</p>	F 281	<p>The resident did receive the appropriate medication and the G-Tube remained patent. The nurse was disciplined on 04/01/2010 at which time an individual review of the "Medication administration via g-tube" policy was provided by the Director of Nursing.</p> <p>Any of the five residents receiving medications via G-tube or any future patients requiring G-tube medications have the potential to be affected.</p> <p>Inservice training was provided to 100% of all licensed personnel on staff and staff contracted through agency. This included review of the policy "Medication administration via G-tube" and a practice demonstration in a lab setting. This inservice module was provided on April 1st and 2nd. (see attached records)</p> <p>The Director of Nursing or the Assistant Director of Nursing will conduct a monthly audit for the next quarter to review nursing competency with medication administration via G-tube of all licensed staff providing the medication. Results will be reviewed at monthly QA meetings.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donna Fudge</i>	TITLE Administrator	(X6) DATE 4-7-10
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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 281	<p>Continued From page 1</p> <p>dried medications and water to flow through the tubing. At one point during the medication administration the RN had to use the plunger to agitated the dried medications, water, and gastric contents to get the medication to flow through the tubing.</p> <p>Interview, on 03/17/10 at 9:30 AM, with RN #1 revealed she should have dissolved the medications in water prior to administration. The RN stated sometimes she forgot to dissolved the medications.</p> <p>Review of the facility's policy Medication Administration via Gastrostomy Tube dated 09/11/08 revealed crushed medications were to be placed in a cup and mixed with water prior to administration.</p>	F 281	<p>Future frequency of audits (continued monthly or extended to quarterly) will be determined by the Quality Assurance Committee. (see attached audit tool)</p> <p>All licensed personnel will participate in med pass review by the consultant pharmacist at least annually. The results of these reviews will be discussed at the monthly QA meeting to determine if additional inservice education is needed</p>	4/2/2010
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure necessary care and services were provide in order to attain or maintain the highest practicable physical well-being, in accordance with the Comprehensive Assessment for one (1) of of twenty-four (24) sampled residents</p>	F 309	<p>This resident had no discernable adverse effects as a result of the blood draw.</p> <p>Any resident with contraindications to having blood drawn from a particular extremity could be affected.</p> <p>Administrator contacted the provider laboratory to discuss issue on March 22, 2010. Details and concerns were reviewed and an intervention plan was developed. A phlebotomy procedure review was developed by the laboratory director at St. Elizabeth Hospital. It was attached to the front of the policy binder, read and signed by all phlebotomists. A copy of the procedure has been distributed to the</p>	

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F 309	<p>Continued From page 2 (Resident #1).</p> <p>The findings include:</p> <p>Review of clinical record revealed Resident #1 was admitted on 12/12/09 with diagnoses which included right arm Deep Vein Thrombosis, right arm Lymphedema, and right Breast Lumpectomy.</p> <p>Review of Significant Minimum Data Set (MDS) dated 1/26/10 revealed the facility assessed Resident #1's cognitive status as being severely impaired related to cognitive skill for daily decision making.</p> <p>Review of the Comprehensive Care Plan dated 12/14/09 revealed no documented evidence the facility addressed precautions related to Resident #1's right arm Deep Vein Thrombosis, Lymphedema and right Breast Lumpectomy, in order to provide guidance related to blood draws from the resident's right arm.</p> <p>Observation of a skin assessment on 03/18/10 at 9:45 AM, with Licensed Practical Nurse (LPN) #1 and Certified Nurse Assistant (CNA) #1, revealed a dark blue-purple area approximately the size of a half dollar. The area was noted to have a pinpoint size red area in center approximately one inch above and medial to the right antecubital area. Resident#1 was observed to have a clear colored wrist bracelet on the right wrist which stated 'NO STICKS IN RIGHT ARM'.</p> <p>Interview with LPN #1 on 03/18/10 at 10:25 AM revealed someone from the Laboratory had drawn blood that morning from Resident #1's right arm.</p>	F 309	<p>nursing facility units for our staff to also review. This copy will be maintained in the lab. requisition file for future reference if needed. (see attached policy)</p> <p>All residents with a contraindication to blood draws from a particular extremity will have an arm band with a bright pink insert placed on that extremity. An entry will be made on that residents TAR "pink bracelet to ___ extremity – check placement qd and replace if needed" In the comment section of the lab requisition the nurse will document "no lab draw in ___ arm" The nursing staff and lab personnel were notified of this protocol on April 1st. The night shift nurse on each unit will initial the treatment administration record to confirm bracelet is in place. A monthly audit will be completed by the unit coordinator to assure all residents with restrictions are properly identified with appropriate arm band and to monitor documentation on treatment administration record. (see attached policy and audit form) Results of the audit will be brought to the monthly QA meeting for review.</p>	4/2/2010
F 315	493.25(d) NO CATHETER, PREVENT UTI,	F 315		

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F 315 SS=D	<p>Continued From page 3 RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to ensure residents with a catheter received the appropriate care and services to prevent infections to the extent possible for two (2) of twenty-four (24) sampled residents (Resident # 14 and #19).</p> <p>The findings include:</p> <p>Review of the facility policy entitled "Care and Storage of Urinary Drainage Device When Not in Use" dated 04/17/08, revealed the urinary drainage leg bag should be stored in a designated storage area, in a plastic bag and a new plastic bag should be each time the device was stored. In addition, the policy revealed the open connector end of the urinary drainage bag should be covered securely with a catheter plug.</p> <p>1. Review of the clinical record revealed Resident #14 was admitted with diagnoses which included Renal Failure and Urosepsis. Review of</p>	F 315	<p>F315</p> <p>Resident #19's catheter bag stored in the clear plastic bag without the plug was immediately replaced with a new catheter bag with plug when it was observed. Resident #14 was issued a new foley catheter bag, leg bag and plug immediately upon notification. No active signs of urinary tract infection at this time. Care plan of resident #19 was reviewed and updated to reflect resident uses leg bag during the day when out of bed.</p> <p>All residents with indwelling catheters are at risk of contamination and infection during the process of urinary drainage bag storage. All residents with catheters were issued new catheter bags on March 18, 2010.</p> <p>On March 18th, training was given by DON, ADON and Unit Coordinators to direct care staff assigned to patients with catheters while each catheter bag was being replaced. One on one training included catheter bag care and storage.</p>	
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F 315

Continued From page 4

the Annual Minimum Data Set (MDS) and the Resident Assessment Protocol Summary (RAPS) dated 12/28/09 revealed the facility assessed the resident as being moderately impaired in cognitive skills for daily decision making and as requiring extensive assistance with activities of daily living. In addition, the facility assessed the resident as being incontinent of bowel and as utilizing an indwelling "Foley" catheter related to urinary retention. The facility assessed the resident as having a Urinary Tract Infection in the past thirty days.

The Comprehensive Care Plan dated 12/28/09 revealed the facility assessed Resident #14 as being at risk for infection related to the use of an indwelling "Foley" catheter. Interventions included "Foley" catheter care.

Review of the clinical record revealed that on 01/22/10 Resident #14 had a urinary tract infection and received an oral antibiotic for five (5) days. Further review revealed on 02/15/10, the resident had a urinary tract infection and treatment included oral antibiotics from 02/15/10 to 02/23/10 and an intramuscular antibiotic to be administered every twelve (12) hours for seven (7) days.

Observation on 03/16/10 at 3:20 PM of the Resident #14's room revealed a dignity bag which contained a "Foley" catheter urinary drainage bag, attached to the left side of the bed. Resident #14 was observed sitting in the dayroom in a wheelchair with no visible indication the resident had a "Foley" catheter.

Observation on 03/17/10 at 11:50 AM revealed Resident #14 was lying in bed with the "Foley"

F 315

F 315

The "Care And Storage Of Urinary Drainage Device When Not In Use" was updated. Inservices training took place 4/1/10 and 4/2/10. All nursing personnel (licensed, non licensed and agency staff) were required to attend. This training included a review of the updated protocol, a review of the Urinary system including urinary tract infections, and hands on return demonstration of how to aseptically change and store the devices. Return demonstration of changing a bedside drainage bag to a leg bag and then back to a bedside bag was required by 100% of nursing staff. (see attached records)

The unit managers will be responsible for auditing compliance weekly for the next quarter at intermittent times covering all shifts. The results of these audits will be discussed at the monthly QA meeting and determine the need for additional inservicing or policy development. The frequency of ongoing auditing will be determined by the QA committee based on the results from 2nd quarter monitoring

4/2/2010

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F 315	<p>Continued From page 5</p> <p>catheter tubing connected to the urinary drainage bag which was in a dignity bag on the left side of the bed. A "Foley" catheter urinary drainage leg bag was observed to be in the bathroom in a used cylinder (a container used to measure urine). The open connector end of the urinary drainage bag was uncapped and uncovered.</p> <p>Interview on 03/17/10 at 11:35 AM with Certified Nursing Assistant (CNA) #3 revealed he was usually assigned to the unit where the resident resided. The CNA stated when Resident #14 was up in the wheelchair, the resident utilized an urinary drainage leg bag. CNA #3 indicated when the resident was in the bed, the "Foley" catheter tubing was reconnected to the urinary drainage bag which was stored with tubing capped in a dignity bag on the side of the bed.</p> <p>Interview on 03/17/10 at 11:50 AM with Licensed Practical Nurse (LPN) #1 revealed she was usually assigned to the unit where Resident #14 resided. She indicated the urinary drainage leg bag's open connector end should have been secured with a catheter plug to prevent infection and should not be stored in a cylinder (a container used to measure urine).</p> <p>2. Review of the clinical record revealed Resident #19 was admitted with diagnoses which included Status Post Transurethral Resection of the Prostate, Epididymitis with Urinary Retention and Renal Insufficiency. Review of the Annual Minimum Data Set (MDS) and the Resident Assessment Protocol Summary (RAPS) dated 09/12/09 revealed the facility assessed the resident as being independent in cognitive skills for daily decision making and as requiring extensive assistance with activities of daily living.</p>	F 315		

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F 315	<p>Continued From page 6</p> <p>In addition, the facility assessed the resident as being continent of bowel and as utilizing an indwelling "Foley" catheter related to urinary retention. The facility assessed the resident as having a Urinary Tract Infection in the past thirty days.</p> <p>The Comprehensive Care Plan dated 09/12/09 revealed the facility assessed Resident #19 as having a "Foley" catheter. Interventions included maintain closed drainage system.</p> <p>Review of the Hospital Emergency Discharge Note dated 03/02/10 revealed Resident #19's discharge diagnoses included acute urinary tract infection.</p> <p>Observation on 03/18/10 at 10:40 AM revealed Resident #19's "Foley" catheter bag was in a clear plastic bag without a connector plug on the end of the tubing.</p> <p>Interview on 03/18/10 at 10:40 AM with Certified Nursing Assistant (CNA) #2 revealed she was assigned to the unit where Resident #19 resided. She stated she had disconnected the urinary drainage bag and connected the "Foley" catheter urinary tubing to a leg bag when she transferred the resident from the bed to the wheelchair. She stated she should have capped the end connector of the urinary drainage bag at that time but she did not.</p> <p>Interview on 03/18/10 at 10:47 AM with Registered Nurse (RN) #1 revealed she was assigned to the unit where the resident resided. She indicated when the resident was up in the wheelchair, the CNA disconnects the resident's "Foley" catheter tubing from the urinary drainage</p>	F 315		
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F 315	Continued From page 7 bag and replace the urinary drainage bag with a urinary drainage leg bag. The RN indicated the connector end of the urinary drainage bag should have been plugged when it was disconnected due to the potential for infection.	F 315		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure oxygen was administered per the physician orders for one (1) of twenty-four (24) sampled residents (Resident #2) for a total of two (2) days. The findings include: Review of the medical record revealed, Resident #2 was admitted on 05/01/08 with diagnoses which included Chronic Respiratory Failure, Obstructive Sleep Apnea, Pneumonia, Congestive Heart Failure, Hypertension and Chronic Obstructive Pulmonary Disease. Review of the Physician's orders dated March	F 328	F 328 The liter flow of continuous nasal oxygen was adjusted to 2L per minute as ordered for Resident #2. Respiratory assessment was done and no ill effects were noted. All residents receiving nasal O2 are at risk of being affected. The Oxygen Audit tool was revised to include liter flow. The charge nurse will check the residents receiving oxygen every two hours. The audits will be turned in to the unit coordinator each morning, including weekends. The audits will then be given to the DON at the morning QA meeting for review. Oxygen Liter Flow will be indicated on the Treatment Administration Record. The nurse providing treatments will initial the TAR to show verification of the correct liter flow. These two items were discussed in the mandatory inservice on April 1 and April 2. All licensed nursing personnel (both staff and contract agency) attended.	

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F 328	Continued From page 8 2010 revealed, oxygen was ordered at two (2) liters per minute, continuous, via nasal cannula. Observation on 03/16/10 at 3:25 PM; 03/16/10 at 5:05 PM; 03/17/10 at 9:00 AM; and 03/17/10 at 10:05 AM and 10:50 AM revealed, Resident #2 was receiving oxygen, via nasal cannula, at three (3) liters per minute. Interview on 03/17/10 at 10:55 AM with Registered Nurse (RN) #1 revealed, the Physician had ordered, Resident #2 to receive oxygen at two (2) liters per minute, via nasal cannula. RN #1 was unable to state why Resident #2 received oxygen at three (3) liters per minute.	F 328	A monitoring tool for Special Needs - Oxygen Therapy has been developed for the Unit Coordinators utilization. The audit will be done weekly by the coordinator. Any identified issues will be corrected immediately. The results will be brought to the monthly QA meeting. (see attached forms)	4/2/2010
F 465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON 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, interview, and record review it was determined the facility failed to provide a sanitary environment for residents, staff and the public as evidenced by personal care products left in the shower and bathrooms, personal clothing left in showers, and wet toilet paper on the floor in the shower area. The findings include: Observation the women's shower room on the second floor, on 03/16/10 at 1:26 PM, revealed	F 465	F 465 Upon the survey exit on March 18 th at approximately 7:00 pm, the shower rooms were toured to check for clutter. At that time, there were no personal items or clutter in the areas. As we were not aware of the clutter specifics, we can not address each noted item.	

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F 465	<p>Continued From page 9 wet toilet paper on the shower stall floor.</p> <p>Observation of the shower room on the third floor, on 03/16/10 at 1:36 PM, revealed a bottle of deodorant and a bottle of perineal cleaner.</p> <p>Observation of the bathroom on the fourth floor, on 03/16/10 at 3:52 PM, revealed a tube of moisture barrier labeled for a resident. Additionally, a bottle of spray perineal cleaner for a second resident was sitting on the shelf next to the moisture barrier. Observation of the toilet in the shower room revealed stool was present. The second shower room on the fourth floor was observed to have a bra hanging from a hook, a bottle of shampoo, and a bottle of lotion on the bench.</p> <p>Observation of the shower on the east wing of the fourth floor, on 03/18/10 at 2:57 PM, revealed two (2) hair brushes laying on the seat in the shower.</p> <p>Interviews, on 03/18/10, with Licensed Practical Nurse (LPN) #2, LPN #6, Registered Nurse (RN) #2, and Certified Nursing Assistants (CNAs) #5, #6, and #7 revealed the CNAs were to remove personal care items from the showers and bathrooms after giving care to the residents.</p> <p>Interview, on 03/18/10 at 2:21 PM, with Housekeeper #1 revealed she cleaned the bathrooms twice daily. She stated the CNAs were to clean the bathroom after providing care to each resident.</p> <p>Interview, on 03/18/10 at 3:30 PM, with the Director of Nursing revealed the facility had been conducting clutter audits and re-educating staff on an on-going basis due to concerns raised by the</p>	F 465	<p>All residents who must utilize the community shower rooms for bathing and toileting are at risk of being affected.</p> <p>The residents on the 4th floor are more at risk as that is the area where the majority of residents with cognitive issues are cohorted. As some of the residents still toilet themselves independently, they do not always remember the need to flush the toilet.</p> <p>A section has been added to the shower sheets for the nurse to verify that the shower rooms are clean after each resident shower. All staff – licensed, non licensed and agency were inserviced on this process on 4/1/2010 and 4/2/2010 (see attached)</p> <p>Shower sheets will be reviewed by the unit coordinator each day and turned in to the DON at the morning QA meeting Monday through Friday. The sheets for Saturday and Sunday will be turned in on Monday.</p> <p>A "single area compliance audit" will be done three times a week by the unit coordinator. These audits will be done once on each shift. Problem issues will be addressed immediately</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/06/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/18/2010
NAME OF PROVIDER OR SUPPLIER BAPTIST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 120 MAIN STREET NEWPORT, KY 41071		
(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 465	Continued From page 10 residents. Review of the Resident Council Minutes for the months of December, January, and February revealed the residents identified dirty and cluttered bathrooms, as a concern.	F 465	upon identification. The completed audits will be given to the QA Coordinator. The results of these audits will be discussed at the monthly QA meeting and determine the need for additional inservicing. Mesh pouches for personal items have been ordered to attach to the sides of the shower chairs. The pouches will be used to hold the items during transport. The staff will be educated to collect all of the resident's personal items to be returned to the room <u>with</u> the resident. The "Happy Feet" QA team will continue to monitor the shower rooms on their monthly environmental audit. Results will be brought to the monthly QA meeting. The Administrator and DON will attend the next Resident Council meeting on April 21 to inform residents of additional interventions. We will continue to listen to the resident's concerns and will continue to work through our QA process to investigate, evaluate and intervene with corrective solutions. We will solicit the residents' feedback on an ongoing basis.	4/2/2010	

Shower Sheets

465-N134

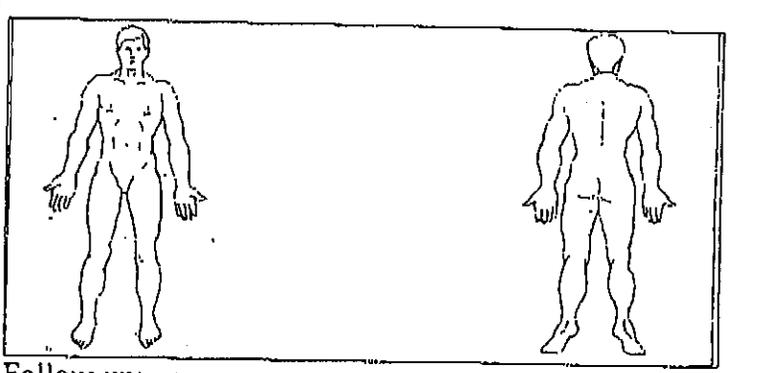
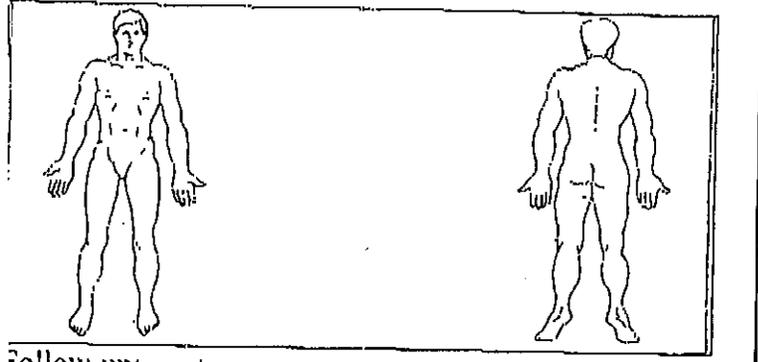
Shower Sheets

Resident: _____
Date: ____/____/____
Findings: _____

Resident: _____
Date: ____/____/____
Findings: _____

CNA Signature: _____
Shower room cleaned: Initials _____

CNA Signature: _____
Shower room cleaned: Initials _____



Follow-up: _____

Follow-up: _____

Nurse Signature: _____
Verification shower room cleaned: Initials _____

Nurse Signature: _____
Verification shower room cleaned: Initials _____

Shower Sheets

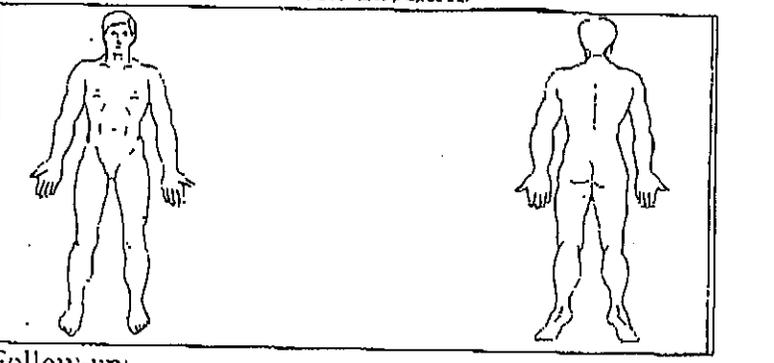
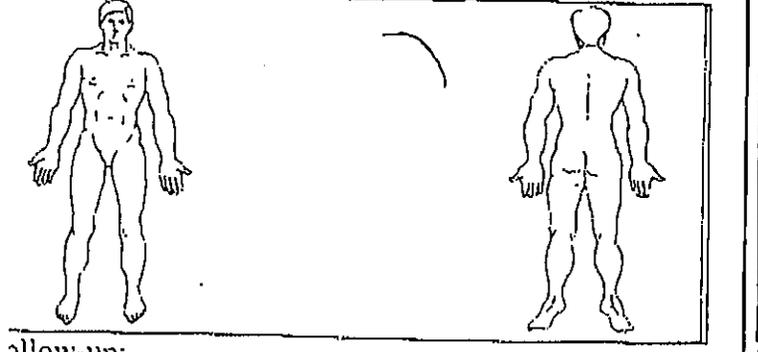
Shower Sheets

Resident: _____
Date: ____/____/____
Findings: _____

Resident: _____
Date: ____/____/____
Findings: _____

CNA Signature: _____
Shower room cleaned: Initials _____

CNA Signature: _____
Shower room cleaned: Initials _____



Follow-up: _____

Follow-up: _____

Nurse Signature: _____
Verification shower room cleaned: Initials _____

Nurse Signature: _____
Verification shower room cleaned: Initials _____

F465-N134

QA REVIEW FORMAT FOR SINGLE AREA COMPLIANCE

AREA QUALITY OF LIFE

DATE _____

DEPARTMENT _____

UNIT ALL

EVALUATOR _____

TIME PERIOD _____

USE FOR ANY STUDY THAT REQUIRES REVIEW OF A SINGLE AREA FOR MULTIPLE RESIDENTS
AREA TO BE REVIEWED NO TOILETRIES LEFT UNATTENDED IN SHOWER ROOM (NO
HAIRBRUSHES, PERI WASH, SOAPS, DEODERENT, TOOTHBRUSHES, TOOTHPASTE, LOTIONS ETC.)
TOWELS PROPERLY DISPOSED IN DIRTY LINEN BARRELS, TOILETS FLUSHED, NO TOILET PAPER,
WIPES OR EXCREMENT ON FLOOR. ROOM WITHOUT OFFENSIVE ORDER

LIST ALL AUDITED
 LIST EXCEPTIONS ONLY
NUMBER AUDITED _____
NUMBER OUT OF COMPLIANCE _____
COMPLIANCE RATE _____

AREA	TIME OBSERVED	YES	NO	COMMENTS
2 A EAST				
2 A WEST				
3 A EAST				
3 A WEST				
4A EAST				
4A WEST				
NORTH				
SOUTH				

To order, call **1-800-MEDLINE (1-800-633-5463)** or visit us online at www.medline.com

Walker/Chairs Help Promote Independence

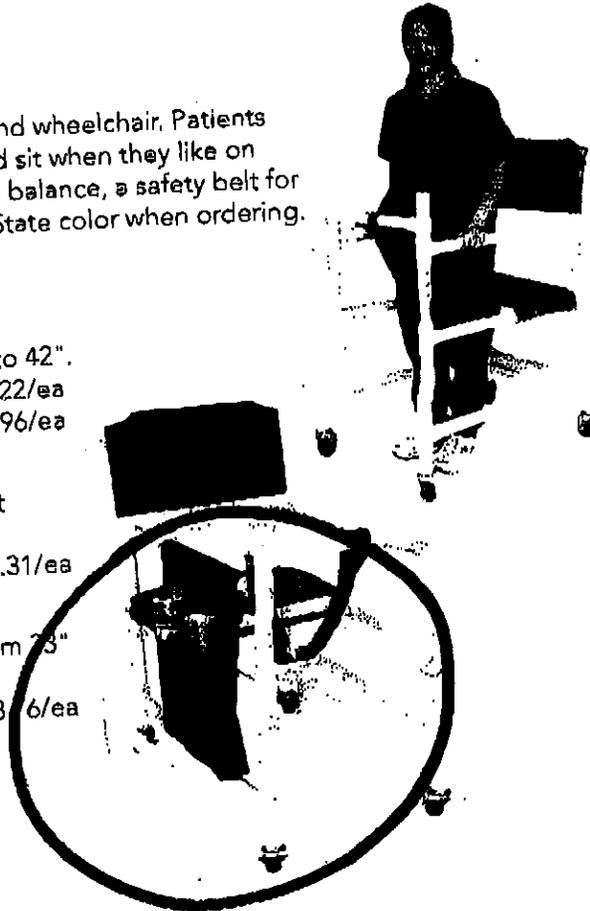
These sturdy PVC units bridge the gap between walker and wheelchair. Patients can walk safely holding on to PVC front and side rails, and sit when they like on cushioned seat. Designed with a wider base for optimum balance, a safety belt for security and a pouch for personal items sewn into back. State color when ordering.

Item No.	Description	Pkg	List
Standard Walker/Chair			
Available in two widths; both adjust for height from 39" to 42".			
PVCM4183	36" L x 22" W	1/ea	\$402.22/ea
PVCM4213	36" L x 26" W	1/ea	\$427.96/ea

Item No.	Description	Pkg	List
Walker/Chair With Stabilizer Bar			
Allows walker to remain stationary when needed. Height adjusts from 28 3/4" to 33 3/4".			
PVCM41BOR3	35" L x 30 1/2" W	1/ea	\$525.31/ea

Item No.	Description	Pkg	List
Walker/Chair For Taller Patients			
Ideal for patients from 6' to 6'6". Arm height adjusts from 23" to 40 1/2"; seat height from 22" to 29".			
PVCM41BOR3TWT	35" L x 30 1/2" W	1/ea	\$503.6/ea

Colors:
 Yellow Tan Mauve Forest Green
 Red Black Gray Light Blue
 Royal Blue White Navy Teal

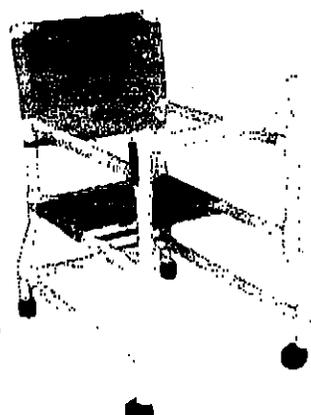


Economical Walker and Geri Chair

Quality construction features a double wall reinforced design and threaded-stem casters for long wear. 250 lb capacity. State mesh color when ordering. See page 305 for fabric choices.

Item No.	Description	Pkg	List
Walker/Chair			
PVCM4183TW	18" W Between Armrests	1/ea	\$353.82/ea
Reclining Chair			
3-position recline and elevated legrest.			
PVCM4183	18" W Between Armrests with mesh sling seat and mesh cushions	1/ea	\$664.53/ea

Colors:
 Yellow Tan Mauve Forest Green
 Red Black Gray Light Blue
 Royal Blue White Navy Teal



Multi-Purpose Chair is Self-Propelled

This versatile chair serves as a shower chair, commode, transfer chair and more. It has two 24" rear wheels and two 4" front wheels for ease of movement. Dual safety hand brakes. Soft seat has anti-bacterial protection, removable mesh sling back has a personal pouch on back. Dual safety grips. Seat measures 18" between armrests. Handles patients up to 250 lb Overall: 29"W x 33"L x 40"H.

Item No.	Pkg	List
PVCM1311824W	1/ea	\$811.11/ea

- Patient Aids
- Therapy
- Diagnostics
- Equipment
- House-keeping
- Laundry
- Bed & Bath
- Apparel
- Hand Hygiene
- Gloves
- Nursing
- Patient Care
- Incontinence
- Wound Care
- Skin Care
- Urology & Ostomy
- Dietary & Pharmacy
- Respiratory
- Patient Room
- Interiors
- Index

F328
N228

QA Review for Pattern Identification

AREA OF REVIEW

QUALITY OF CARE
CARE AND SERVICES /SPECIAL
NEEDS - OXYGEN THERAPY

DATE

DEPARTMENT

UNIT

EVALUATOR

TIME

PERIOD:

OTHER INFORMATION:

NAME OR IDENTIFYING INFORMATION Y= YES N= NO FILL IN RESIDENTS NAME, ROOM # UNIT ETC. TO ENABLE CORRECTION OF INDIVIDUAL PROBLEM														
	1	2	3	4	5	6	7	8	9	10	YES	NO	% COMP	
PORTABLE OXYGEN TANK IS GREATER THAN 1/2 FULL														
PORTABLE OXYGEN TANK IS SET AT CORRECT LPM AS ORDERED BY MD														
PORTABLE OXYGEN TANK IS TURNED OFF IF NOT IN USE														
CONCENTRATOR IS SET AT CORRECT LPM AS ORDERED BY MD														
CONCENTRATOR IS TURNED OFF IF NOT IN USE														
OXYGEN TUBING IS STORED IN SANITARY MANNER IF NOT IN USE														

COMMENTS/RECOMMENDATIONS (INCLUDE CORRECTIVE ACTION IF ERRORS DISCOVERED)

F315
N214

QA Review for Pattern Identification

AREA OF REVIEW

**QUALITY OF CARE/INFECTION CONTROL
STORAGE OF CATHETER BAGS**

DATE

DEPARTMENT

NURSING

UNIT

EVALUATOR

TIME

PERIOD:

OTHER INFORMATION:

NAME OR IDENTIFYING INFORMATION Y= YES N=NO FILL IN RESIDENTS NAME, ROOM # UNIT ETC. TO ENABLE CORRECTION OF INDIVIDUAL PROBLEM	1	2	3	4	5	YES	NO	% COMP
	BEDSIDE DRAINAGE BAG RINSED WHEN DISCONNECTED							
BEDSIDE DRAINAGE BAG CAPPED WHEN DISCONNECTED								
BEDSIDE DRAINAGE BAG STORED IN CLEAN PLASTIC BAG IN BOTTOM DRAWERE/SECTION OF NIGHTSTAND WHEN DISCONNECTED								
DIGNITY BAG USED WHEN OUT OF ROOM								
LEG BAG RINSED WHEN DISCONNECTED								
LEG BAG CAPPED WHEN DISCONNECTED								
LEG BAG STORED IN CLEAN PLASTIC BAG IN BOTTOM DRAWERE/SECTION OF NIGHTSTAND WHEN DISCONNECTED								
NO DETECTABLE URINE ODER IN ROOM OR IN VICINITY OF RESIDENT								

COMMENTS/RECOMMENDATIONS (INCLUDE CORRECTIVE ACTION IF ERRORS DISCOVERED)

F315
N214

Care And Storage Of Urinary Drainage Device When Not In Use

- ▶ When disconnecting either a leg bag or bedside drainage bag, immediately drain the device to be stored.
- ▶ After draining, clamp the exit valve and run clean water into the device.
- ▶ Unclamp, drain the water and re-clamp device
- ▶ Cover the open connector end securely with a catheter plug and/or cap
- ▶ Store device in a clean plastic bag and place in the bottom drawer or section of the residents nightstand. Use a new plastic bag each time device stored.
- ▶ Bedside drainage bags and leg bags are changed weekly by the nurse. The change date is indicated on the residents TAR.

04/17/2008



F315
N214

Chapter 1:

Review of the Urinary System

Structure and Function

The urinary system produces and excretes urine (waste products and excess water) from the body. The average adult produces approximately 1500cc of urine daily. The major organs of the urinary system are the kidneys, ureters, bladder and urethra.

Review the following organs of the urinary tract system below. Then locate them in the diagram on Page 7.

Important Words to Know

Kidneys:

Two small, bean-shaped organs lie embedded in fatty tissue on each side of the spine at the waist level. They continuously filter substances (waste products) from the blood and produce urine.

Ureters:

Two long, thin tubes that serve as a passageway for urine to flow from the kidneys to the bladder.

Bladder:

Hollow, muscular balloon-shaped sac that acts as a receptacle for urine. Controlled by nerve impulses that contract the bladder and relax the sphincter to empty the bladder. The average adult bladder holds approximately 300-600cc of urine.

Urethral sphincter:

A ring-like muscle surrounding the bladder outlet. Controls the release of urine.

Urethra:

The pathway urine travels to the outside of the body. The male urethra is approximately 8" long and the female urethra is approximately 1.5" long.

Urine:

Waste byproducts of metabolism

Normal urine is:

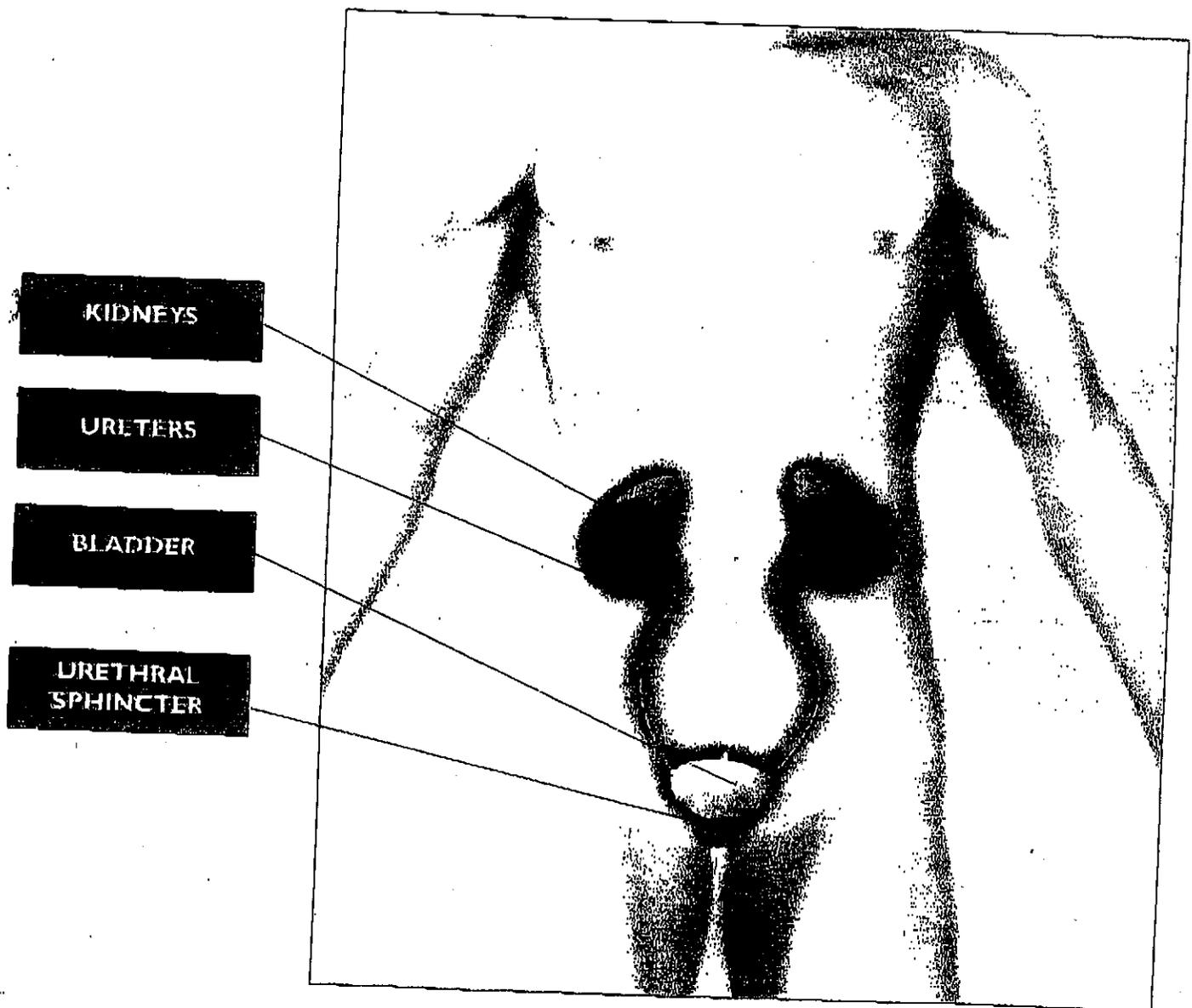
- Pale, yellow, straw-colored
- Clear
- Odor-free until it hits the air (then it becomes ammonia-like)

Frequency of urination ranges from five to 10 times daily, with large variance

- Amount is 1200 - 1500cc per day
- Average void is approximately 200cc

Urinary System Anatomy

The organs that make up the urinary system are shown in the diagram below.





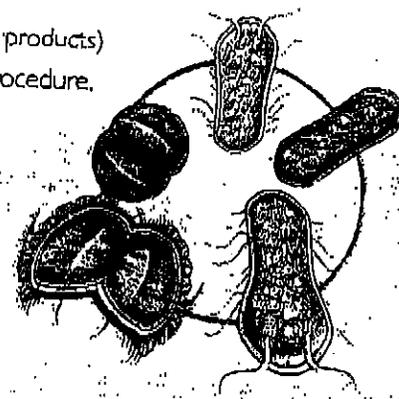
Potential Complications

The warm, moist environment that incontinence episodes produce can lead to complications such as urinary tract infections, incontinence-associated dermatitis and fungal infections.

Urinary tract infections

Urinary tract infections (UTIs) are infections occurring in any part of the urinary tract. UTIs are commonly caused by bacteria that enter from the urethra and travel to the bladder. UTIs are most often caused by E. coli when a resident is incontinent of stool. As a result, people with incontinence are at a higher risk for getting urinary tract infections. Some symptoms of UTIs are fever or chills, burning or pain during urination, flank pain, dark urine or blood in urine and decreased mental state. To help prevent urinary tract infections, follow these simple strategies:

- Use proper hand hygiene before and after resident care.
- Anticipate what supplies will be needed before providing resident care (for example, cleansing products, gloves, plastic bags, clean disposable absorbent products)
- Wear gloves when performing perineal care and dispose of them after the procedure. Do not use contaminated gloves for another task.
- Cleanse the perineal area thoroughly every time there is an episode of incontinence following your facility protocols.
- For female residents, always cleanse from front to back.
- Use a new wipe for each cleansing stroke.
- After cleansing, dry perineal area and apply barrier cream.
- Always wash your hands after performing care.



Incontinence-associated dermatitis

Incontinence-associated dermatitis (IAD) is another term used for diaper rash. It happens when skin comes in contact with urine or feces. IAD starts with the skin becoming macerated from being constantly wet. If the skin continues to be in contact with urine or feces, the skin can then become inflamed. If you touch the skin, it may feel firm or puffy. If residents are able to speak, they may tell you that it hurts or burns. To help prevent someone from getting IAD, change their disposable products frequently, according to your facility protocols, being sure to cleanse the perineal area thoroughly and apply a barrier protectant. If the resident develops IAD, report the condition to the nursing team. A treatment, such as zinc oxide, will be used to help the IAD heal.

Fungal infections

A fungal infection can look like incontinence-associated dermatitis with inflamed red skin in the perineal area. Sometimes you will see little red dots or bumps. To prevent a fungal infection, change the disposable product frequently, according to your facility protocols, being sure to thoroughly cleanse the perineal area. Then apply a barrier protectant. Report any inflamed, red skin or bumps to the nurse so the correct treatment can be used. An antifungal cream, ointment or powder may be used to treat a fungal infection.



F 315
N 214

Important **Words to Know**

Catheter-associated urinary tract infection:

An infection caused by tubes (catheters) that drain urine from the body.

Catheter encrustations:

A crust, hard layer or coating that can form on the outer and inner areas of the indwelling catheter.

Catheter strap/securement device:

A device that attaches to the external catheter tubing to secure it to the thigh, leg or abdomen of a resident who is catheterized.

Closed drainage system:

This system consists of a catheter inserted into the urinary bladder and connected via tubing to a drainage bag. The catheter is retained in the bladder by an inflated balloon. The drainage of urine is totally dependent on gravity. Therefore, to collect urine, the tubing and drainage bag must always be below the level of the bladder.

Daily catheter care:

Care that is provided daily to the perineal area around the urinary catheter insertion site.

Drainage bag:

A closed bag that collects urine draining from the urinary catheter and tubing.

Hand hygiene:

The act of cleansing the hands with soap and water and alcohol based hand sanitizers for the sanitary purpose of removing soil and/or microorganisms.

Standard precautions:

Work practices that require everyone to assume that all blood and body fluids are potential sources of infection, independent of perceived risk. Such precautions involve the use of safe work practices and protective barriers and the safe disposal of body substances and soiled material.

Urinary catheterization:

A plastic tube known as a urinary catheter is inserted into a patient's bladder via the urethra. Catheterization allows the patient's urine to drain freely from the bladder for collection. The procedure of catheterization is usually done by a clinician, often a nurse, although self-catheterization is possible as well.

Urinary meatus:

The external orifice of the urethra, from which urine is ejected during urination.

Urine character:

The color, odor and concentration of urine.

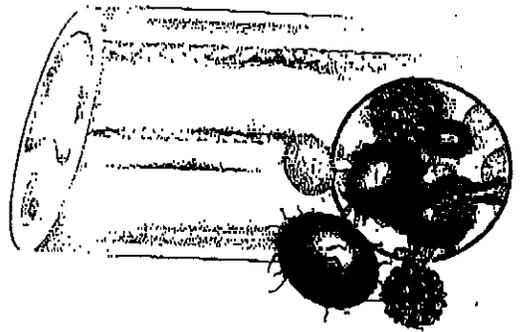
Infection Risk

The resident who has an indwelling catheter is at risk for infection. microorganisms can enter the drainage system and lead to infection:

- Urinary meatus, where the catheter is inserted
- Connection between the catheter and drainage tube
- Connection between the drainage bag and drainage tubing
- Opening used to empty the drainage bag

Common signs and symptoms of a catheter-associated urinary tract infection include:

- Frequent urination after the catheter is removed
- Painful urination after the catheter is removed
- Loin pain (lower back)
- Loin or suprapubic tenderness
- Fever
- Blood in the urine/dark urine



Daily catheter care is very important to minimize the risk of catheter-associated urinary tract infections. Maintaining a closed system and obtaining any necessary urinary specimens using aseptic technique are also of vital importance. Residents need to drink plenty of fluids when they are catheterized unless individual patient healthcare concerns dictate otherwise. This helps to improve urine output, keep urine dilute and decrease catheter encrustations.

F 309
N 199

Lab Orders

"No blood draws ____" arm

Policy: Residents with orders prohibiting blood draws from a specific extremity will be identified to the facility staff and the lab staff.

Procedure:

- 1) Obtain a clear plastic ID bracelet and a pink insert from the unit manager or medical records
- 2) Place the bracelet with the pink insert on the affected extremity
- 3) Make an entry on the TAR "pink bracelet to ____ arm. Check qd on 10-6 shift and replace PRN"
- 4) When a lab test is ordered, mark the comment section of the requisition with "No blood draw from ____ arm"
- 5) Place the lab requisition in the lab tickler box according to protocol

Initiated 04/02/2010

PHLEBOTOMY PROCEDURE/MANUAL REVIEW 2010

Please read the Phlebotomy Manual for 2010. There is a sign-off sheet on the front of the binder, please sign & date when you have read the entire manual.

Review of procedures 800.210 & 800.215 are especially important. Below are a few things to remember when drawing patients outside the hospital.

- Match the requisition against the ID band. The 2 identifiers are the name and date of birth. The SS# may be used in place of the DOB.
- If no band is on the patient, an employee of the facility must ID the patient and sign the requisition.
- Failure to follow this procedure will result in discipline.
- Before drawing any patient, look for any signs that restrict the use of an arm. Example: Do not draw in right arm.
- Before drawing any patient, look for an additional band that may restrict the use of an arm. Example: Bright pink band "do not draw" This means that the arm wearing the alert band can not be used for venipunctures. Not all facilities use a colored band, they may be clear with "do not draw" written on the band.
- When drawing a patient with restrictions, always write on the requisition what arm you used to obtain a specimen.
- Upon returning to the lab, write the patient's name, room # and facility on the Special Requirements Notice on the NH board.
- If you know that a patient had a restriction previously but is no longer wearing a band, do not draw without checking with the patient's nurse. Ask that the band be replaced prior to drawing the specimens.
- If you notice that the patient's arm appears edematous (swollen), please check with the patient's nurse prior to drawing. The nurse will determine if it is appropriate to use the arm.

These procedures are in place for patient safety and to assure accurate and timely results. Following these procedures is required for good patient care. Please take the time to follow the procedures appropriately.

March 29, 2010

**PLEASE READ AND SIGN BELOW
THANK YOU.**

QA Review for Pattern Identification

**F 281
N 193**

AREA OF REVIEW _____ **QUALITY OF CARE** _____ **DATE** _____
EVALUATOR _____ **UNIT** _____
NURSE OBSERVED _____ **TIME** _____
OTHER INFORMATION: _____ **PERIOD:** _____

MEDICATION ADMINISTRATION VIA GASTROSTOMY TUBE

NAME OR IDENTIFYING INFORMATION Y= YES N= NO FILL IN RESIDENTS NAME, ROOM # UNIT ETC. TO ENABLE CORRECTION OF INDIVIDUAL PROBLEM						YES	NO	% COMP
	1	2	3	4	5			
THE RESIDENTS HOB IS ELEVATED AT LEAST 30 DEGREES								
TUBE PLACEMENT IS VERIFIED								
LIQUID MEDICATIONS ARE MEASURED APPROPRIATELY. IF MULTIPLE LIQUIDS TO BE ADMINISTERED, EACH IS IN A SEPARATE CUP								
MEDICATIONS TO BE CRUSHED OR REMOVED FROM THE CAPSULE ARE CHECKED AGAINST THE "DO NOT CRUSH" MED LIST								
MEDICATIONS ARE CRUSHED INDIVIDUALLY AND PLACED IN SEPARATE MED CUPS								
THE POWDER FROM EACH MED IS MIXED WITH WATER (OR OTHER SUITABLE DILUTANT).								
INSERT SYRINGE WITHOUT PLUNGER INTO TUBE AND HOLD VERTICALLY								
POUR 30 CC OF WATER INTO TUBE AND ALLOW TO FLOW IN VIA GRAVITY								
EACH MEDICATION IS ADMINISTERED SEPARATELY TO AVOID INTERACTION AND CLUMPING. POUR INTO SYRINGE AND ALLOW TO FLOW IN VIA GRAVITY								
THE MEDICATION CUP IS RINSED WITH WATER TO GET ALL THE MEDICATION OUT								
THE ENTERAL TUBING IS FLUSHED WITH AT LEAST 5CC OF WATER BETWEEN EACH MED TO AVOID PHYSICAL INTERACTION OF MEDS								
FINISH WITH AT LEAST 30 CC OF WATER TO CLEAR TUBING								
REMOVE SYRINGE AND CLAMP G-TUBE OR RESTART FEEDING (DEPENDING ON PHYSICIAN ORDER)								

COMMENTS/RECOMMENDATIONS

Medication Administration via Gastrostomy Tube

F281
N193

- Equipment and Supplies:
1. Wash cloth and towel
 2. 60cc catheter tip syringe
 3. Water
 4. Stethoscope
 5. PPE

Procedure:

1. Verify physician's order for amount of water to be instilled.
2. Knock and gain permission to enter room then introduce self to resident.
3. Provide privacy.
4. Wash hands.
5. Raise HOB at least 30 degrees.
6. Verify placement of gastrostomy tube.
7. Verify that appropriate medications are being prepared and administered per physician's order and/or pharmacy recommendations.
8. Crush medications and measure liquids as ordered.
9. Place medications in cup and mix with water, unless a specific procedure is ordered or recommended for the specific medication.
10. If tube is resistant, may need to utilize declogger. Insert into gastrostomy tube gently to release blockage.
11. If declogger unsuccessful, replace tube.
12. Check for residual gastric contents by gently pulling back on syringe.
13. Note amount and color, if any, and return contents.
14. Insert syringe, without plunger, into gastrostomy tube, holding vertically.
15. Pour 30cc of water into tube and allow to flow in via gravity.
16. Administer pre-mixed medications via vertical syringe and allow to flow per gravity.
17. Pour another 30cc of water into tube and allow to flow in via gravity.
18. Remove syringe and reinsert tubing or clamp, depending on physician's order.
19. Discard equipment as appropriate and wash hands.

Flushing Gastrostomy Tubes

Purpose: To maintain patency of feeding tubes.

Equipment and Supplies:

1. Wash cloth and towel
2. 60cc catheter tip syringe
3. Water
4. Stethoscope
5. PPE

Procedure:

1. Verify physician's order for amount of water to be instilled.
2. Knock and gain permission to enter room then introduce self to resident.
3. Provide privacy.
4. Wash hands.
5. Raise HOB at least 30 degrees.
6. Verify placement of gastrostomy tube.
7. If tube is resistant, may need to utilize declogger. Insert into gastrostomy tube gently to release blockage.
8. If declogger unsuccessful, replace tube.
9. Check for residual gastric contents by gently pulling back on syringe.
10. Note amount and color, if any, and return contents.
11. Insert syringe, without plunger, into gastrostomy tube, holding vertically.
12. Pour prescribed amount of water into tube and allow to flow in via gravity.
13. Remove syringe and reinsert tubing or clamp, depending on physician's order.
14. Discard equipment as appropriate and wash hands.

F281
N193

TOPIC: Care of Syringes Utilized with Enteral Feedings

1. After each use rinse with warm water and store the syringe in the antimicrobial bag.
2. The Syringe and antimicrobial bag will be replaced every 24 hours by third shift
3. Each resident's cup and antimicrobial bag will be marked with his/her name and the date.

Reviewed 10/08

MANDATORY **INSERVICE**

April 1, 2010 & April 2, 2010

12:00 PM, 1:00 PM, 2:00 PM
3:00 PM, 4:00 PM, 5:00 PM

***Mandatory Survey Issues
Review of Policies**

***Oxygen Policies & Protocol**

***Catheter Bag Policies &
Procedures**

***Environmental Safety Hazards**

***Administration of G-tube meds**

***Lab draw protocols**

**All nursing staff must attend inservice and
successfully pass return demonstration
before you can work another shift**

Inservice agenda: Survey Compliance

Station 1:

Review Oxygen Policies and Protocol

How to identify liter flow on an O2 concentrator and portable oxygen tank

- **Return demonstration of identifying liter flow on the tank**

How to adjust liter flow on an O2 concentrator and portable oxygen tank

- **Return demonstration of adjusting liter flow on the tank**

How to identify how much oxygen a resident should receive according to orders

Checking settings on oxygen tanks to ensure delivery of correct liter flow

Station 2:

Review of policy regarding drainage bag storage

- **Return demonstration of drainage bag storage**

Review of appropriate way to change from a bedside drainage bag to a leg bag

Review of infection risk related to foley catheters and drainage systems

Review of shower sheets and initialing form to verify shower rooms have been cleaned

Station 3:

Review of policy to administer medications via enteral feeding tube

- **Return demonstration of medication administration per tube**

Review of protocol for residents with contraindications for blood draws to an extremity to wear a pink arm band to identify that extremity

Review of protocol to write on the lab slip NO BLOOD DRAWS to indicated extremity

***see attached**

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

PRINTED: 04/08/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185058	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2010
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NAME OF PROVIDER OR SUPPLIER BAPTIST CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MAIN STREET NEWPORT, KY 41071
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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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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code survey was initiated and concluded on 03/18/10 for compliance with Title 42, Code of Federal Regulations, 483.70 and found the facility was in compliance with NFPA 101 Life Safety Code, 2000 Edition.</p>	K 000	<p style="text-align: center;">RECEIVED APR - 8 2010 BY: _____</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4-8-10

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.