F 281 SS=D 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to obtain a physician’s order for the administration of oxygen for three residents (#s 1, 4, and 5) of five residents reviewed.

The findings included:

Resident #1 was readmitted to the facility on April 27, 2012, with diagnoses including Right Lower Lobe Healthcare-Associated Pneumonia, Urinary Tract Infection, Post-hemorrhagic Anemia, and Hypertension.

Medical record review of the Physician’s Orders dated May 2012 revealed no order for oxygen administration.

Observation on May 31, 2012, at 8:00 a.m., in the resident’s room, revealed the resident sitting up in bed with nasal cannula (tubing to deliver oxygen) in place and the flow rate on the oxygen concentrator set at 2 liters/minute.

Interview with the Director of Nursing (DON) on May 31, 2012, at 10:10 a.m., in the conference room, confirmed there was no order for oxygen administration for the resident.

Resident #4 was admitted to the facility on May 28, 2012, with the following diagnoses:

- Right Lower Lobe Healthcare-Associated Pneumonia
- Urinary Tract Infection
- Hypertension

On 5/31/12 the medical record for Resident #1 was reviewed for diagnoses to support the use of oxygen (O2). Resident #1 was assessed for the need to administer continuous/as needed (PRN) O2. It was determined Resident #1 needed the O2 secondary to diagnoses of Right lower lobe pneumonia and oxygen (O2) saturation levels of 88% on room air. The physician was notified and orders were received and written for oxygen administration.
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18, 2012 and readmitted to the facility on May 29, 2012, with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Diabetes Mellitus, and Atrial Fibrillation.

Medical record review of the Minimum Data Set dated May 23, 2012 revealed the resident received oxygen therapy at home and while at the facility.

Medical record review of the Physician's Telephone Admission Orders dated May 29, 2012, revealed no order for oxygen administration.

Observation on May 31, 2012, at 11:15 a.m., in the resident's room, revealed the resident sitting on the bed receiving oxygen via nasal cannula at 2 liters/minute.

Interview with the DON on May 31, 2012, at 10:10 a.m., in the conference room, confirmed there was no order for oxygen administration for the resident.

Resident #5 was admitted to the facility on May 17, 2012, with diagnoses including End Stage COPD, Hypertension, Depression, and Diabetes Mellitus.

Medical record review of the Physician's Telephone Admission Orders dated May 17, 2012, revealed no order for oxygen administration for the resident.

Observation on May 31, 2012, at 8:15 a.m., in the resident's room, revealed the resident sitting in

On 5/31/12 the medical record for Resident #4 was reviewed for diagnoses to support the need to administer continuous/PRN O2. It was determined Resident #4 had a diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and O2 saturation levels of below 90% on room air with long time home use of O2. The physician was notified and orders were received and written for oxygen administration.

On 5/31/12 the medical record for Resident #5 was reviewed for diagnoses to support the need to administer continuous/PRN O2. It was determined Resident #5 had a diagnoses of End Stage COPD and O2 saturation levels of below 90% on room air. The physician was notified and orders were received and written for oxygen administration.
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bed receiving oxygen via nasal cannula at 2
liters/minute.

Interview with DON on May 17, 2012, at 10:10
a.m., in the conference room, confirmed there
was no order for oxygen administration for the
resident.

On 5/31/12 an audit was done by the Director of Nursing (DON),
ADON, and NE on all residents receiving oxygen therapy to
ensure physician orders were in place for the administration of
the oxygen. No other residents receiving oxygen were found to
be effected.

All new admits will be reviewed by the clinical team, consisting of
the ADON, NE, Unit
Supervisors, Care Plan
Coordinator, at the time of
admission for diagnoses and
continued need for oxygen
administration. An assessment
for the need to administer
continuous/PRN oxygen will be
completed, and orders will be
verified with the physician and
written for the specified O2.
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An onsite investigation of complaint TN29804 was completed June 1, 2012. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.

All information collected will be reviewed by the DON and/or designee and evaluated for any trends. Results will be taken to the Quality Assurance Committee, consisting of the Medical Director, Administrator, DON, ADON, NE, Dietary Manager, Activities, Human Resources, and Social Services, for review and continued monitoring.