DOUGLAS NURSING HOME

F 322 (g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

This REQUIREMENT is not met as evidenced by:

Based on policy review, record review and observations, it was determined the facility failed to label all bags/containers of formula with the resident's name, date and time hung for 1 of 3 (Resident #3) sampled residents and Random Resident (RR) #4 receiving enteral nutrition.

The findings included:

1. Review of the facility's policy titled "Enteral Nutrition: General Guidelines" documented, "...6. Administration. Set Handling - All bags/containers (open and closed systems) of formula must be labeled with the resident’s name, date and time hung."

2. Medical record review for Resident #3 documented an admission date of 6/1/05 with diagnoses that included Diabetes Mellitus, Alzheimer's Disease, Senile Delusions, Chronic Obstructive Pulmonary Disease, Peptic Ulcer Disease, Gastrostomy, Peripheral Vascular Disease, Gastrointestinal Bleed, Hypertension and Hypothyroidism.

The Plan of Correction is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of Douglas Nursing Home (Facility) as to the accuracy of the findings. Any changes to Douglas Nursing Home's policies and procedures should be considered to be subsequent remedial measures as that concept is employed in the Rule 407 of the Federal Rules of Evidence and any corresponding State Rule of any preceding that basis. The Facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director or shareholder of the facility.

F322-
The facility will ensure that all bags/containers of formula will be labeled with resident’s name, date and time hung for residents receiving enteral nutrition.

1. A new bottle of tube feeding formula labeled correctly with residents name, date and time was hung on 3/22/10 by 3-11 charge nurse at 5:00PM Medication Pass. Random Resident #4 Tube feeding formula was for Jevity 1.2 at 90 cc/hr from 4 PM-5:30 AM. Previous tube feeding formula was discarded by 3-11 charge nurses prior to hanging new formula labeled correctly with residents name, date and time at 4:00PM on 3/22/10.

LABORATORY, DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

DAVID H. STEPHEN

TITLE

ADMINISTRATOR

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.
Continued From page 1

Observations in Resident #3's room on 3/22/10 at 8:15 AM and at 4:05 PM, revealed Resident #3's container of Glucerna 1.0 cal formula was not labeled with the resident's name, date or time hung.

3. Medical record review for RR #4 documented an admission date of 4/3/09 with diagnoses of Cerebral Vascular Accident, Hypertension, Gastrostomy, Dysphagia, Hemiplegia and Peptic Ulcer.

Observation in RR #4's room on 3/22/10 at 7:45 AM, revealed RR #4's container of Jevity 1.2 formula was not labeled with the time the formula was hung.

4.3.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced by:

Based on policy review, medical record review, observations and interviews, it was determined the facility failed to ensure 3 of 4 (Nurses #1, 2 and 4) nurses administered medications with a medication error rate of less than 5 percent (%) for sampled Residents #7 and 11 and Random Residents (RR) #2 and 3. A total of 7 medication errors were observed out of 43 opportunities for error, resulting in a medication error rate of 16.27%.

The findings included:
### Summary Statement of Deficiencies

| ID | Prefix | Tag | ID | Prefix | Tag | Provider's Plan of Correction
|----|--------|-----|----|--------|-----|-------------------------------
| F332 |        |     | F332 |        |     | 4. The findings of this monitoring will be brought to the QA meeting on April 21, 2010 to determine if the plan is working or if additional in-services are needed to maintain compliance. The initial 30-day monitoring and review monitoring tool will be brought to the QA meeting in May to determine if the facility is in compliance.

The QA committee consists of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Business Office Manager, Maintenance Director, Resident Assessment Coordinator, Medical Records Coordinator, Dietary Manager, Social Worker and others as designated. 

4/21/10

F332- The facility will ensure that it is free of medication error rates of five percent or greater. Medications will be administered in a safe and timely manner and as prescribed. Medications will be administered in accordance with the orders, including any required time frame. The individual administering the medication will check the label three times to verify the right medication, right dosage, right time and right method of administration before giving the medication. Medications will not be prepared in advance and will be administered within one hour of their prescribed time unless otherwise specified (ex: before and after meals).
Continued From page 3

During an interview at nurses station #1 on 3/24/10 at 10:40 AM, Nurse #1 stated, "I didn't roll the [insulin] vial."

3. Medical record review for Resident #11 documented an admission date of 2/16/10 with diagnoses of Diabetes Mellitus, Chronic Ischemic Heart Disease, Chronic Airway Obstruction and Bipolar Disorder. Review of a physician's order dated 3/16/10 for Resident #11 documented, "...1. PS [please] restart Lasix 40 mg [milligrams] q [every] day...give KCL [potassium chloride] 10 meq [millequivalents] po [by mouth] q day..."

Observations in Resident #11's room on 3/23/10 at 9:55 AM, revealed Nurse #2 administered Lasix 20 mg to Resident #11. Nurse #2 did not administer KCL to Resident #11. The failure of Nurse #2 to administer 40 mgs of Lasix and the failure to administer KCL to Resident #11 resulted in medication errors #2 and #3.

During an interview in the Administrator's office/conference room on 3/23/10 at 10:30 AM, the Director of Nursing (DON) was shown Resident #11's orders for the Lasix 40 mg and KCL 20 meq. The DON stated, "Yes, that's an order it's signed, it wasn't checked off."

4. Medical record review for Resident #7 documented an admission date of 10/24/06 with a readmission date of 9/23/09 with diagnoses of Late Effect Hemiplegia, Congestive Heart Failure, Diabetes Mellitus and Secondary Parkinson's. Review of a physician's order dated 3/3/10 for Resident #7 documented, "...OS-CAL 500+ [plus vitamin] D 400 IU [International Units] CAPLET TAKE ONE TABLET PER PEG [Percutaneous Endoscopic Gastrostomy] TUBE 3 TIMES

1. Random Resident #2 will have insulin rolled prior to administration according to the facility's "Insulin Administration Policy." Physician of Resident #11 was notified on 3/23/10 by charge nurse of failure to transcribe new orders dated 3/16/10 to increase Lasix to 40 mg daily and start KCL 10 mg PO daily. CMP drawn 3/23/10 revealed Potassium level of 5.0 (within Normal Range). Physical assessment performed on 3/23/10 by DON revealed lungs clear to auscultation, O2 saturation 99% on room air, non-pitting edema to bilateral lower extremities from knee down, no shortness of breath and vital signs within normal limits. Order received from MD on 3/23/10 to increase Lasix to 40 mg PO daily and start KCL 10 meq.

Resident #7 had a clarification order written on 3/23/10 by charge nurse to D/C Osocal 500 plus D400IU caplet-1 caplet per peg tube 3 times daily. New order for Liquid Calcium Carbonate 5ml per peg tube 3 times daily and Calisor 2 drops per peg tube 3 times per day.

Random Resident #3 will have Aspirin 325 mg EC tablet administered daily within evening meal as ordered. ABF#3 will have her Atorvastatin 0.8 mg oral solution tabletizer treatment administered every 6HRS - 6AM, 12PM, 6PM and 12AM as ordered.
**NAME OF PROVIDER OR SUPPLIER:**

DOUGLAS NURSING HOME

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<tr>
<th>ID</th>
<th>PRECISION TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F 332</td>
<td>Continued From page 4 DAILY...</td>
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<td>2. Licensed nurses were in-serviced on the rights of medication administration, including checking the label three times to verify the right medication name, dosage, right time and right method administration on 3/24/10 by DON. Each licensed nurse involved has received one on one education by DON in medication administration, name frames for administration including medications ordered to be given with meals and administration of medications as prescribed on 3/24/10.</td>
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<td>3. Medication Pass observations will be conducted on involved licensed nurses weekly x 4 weeks by nurses managers/nurse consultant/Pharmacist. Random Medication Pass Observations will be conducted thereafter.</td>
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<td>4. Medication Pass observations will be brought to the QA Committee on April 21, 2010 for evaluation and recommendation to achieve and maintain compliance. The 4 weeks observations will be brought to the May QA meeting to assure continued compliance.</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE:**

2584 W MAIN ST
MILAN, TN 38358

**DATE SURVEY COMPLETED:**

03/24/2010
DOUGLAS NURSING HOME

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

The facility will ensure that the Glucometer is cleaned between residents with an approved solution and/or wipes. Diabetic meters will not be disinfected with alcohol swabs since they are not a registered disinfectant. Meters will be disinfected with one part bleach to nine parts water solution.

1. Random Resident #1 and Resident #7 will have the Glucometer cleaned before and after performing blood sugars with an Environmental Protection Agency (EPA) registered detergent/disinfectant according to manufacturer recommendations.

2. In-service with Licensed Nursing staff was conducted starting on 3/24/10 by DON on proper/correct cleaning of Glucometer with an EPA approved disinfectant/detergent. One-on-one education was conducted on 3/22/10 by DON with nurse involved in inappropriately cleaning Glucometer.

3. Weekly observations of appropriate cleaning of Glucometer will be conducted x4 by Nurse Managers and/or designee. Random observations of appropriate Glucometer cleaning will be conducted ongoing to ensure compliance by Nurse Managers and/or designee.
This REQUIREMENT is not met as evidenced by:

Based on policy review, observations and interview, it was determined 1 of 2 (Nurse #2) nurses observed performing Fingerstick Blood Sugars (FSBS) failed to clean the glucometer with an approved solution in a way to prevent the possible spread of infections.

The findings included:

Review of the facility's "DIABETIC METER CLEANING AGENTS" documented, "Diabetic Glucometers are to be cleaned between Residents with an approved solution and/or wipes. Diabetic meters are NOT to be disinfect with ALCOHOL swabs since they are not an Environmental Protection Agency (EPA) registered detergent/disinfectant. Meters are to be disinfected with a one-part bleach to nine-parts water solution..."

Observations in Random Resident (RR) #1's room on 3/22/10 at 11:20 AM, revealed Nurse #2 performed a FSBS on RR #1. Nurse #2 cleaned the glucometer with an alcohol swab before and after performing the FSBS.

Observations in Resident #7's room on 3/22/10 at 11:35 AM, revealed Nurse #2 performed a FSBS on Resident #7. Nurse #2 cleaned the glucometer with an alcohol swab before and after performing the FSBS.

During an interview on Cardinal Cove on 3/23/10 at 7:54 AM, Nurse #2 stated, "Well I knew we were suppose to use the wipes with bleach. It just..."
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<td>Continued From page 7 slipped my mind I was nervous.&quot;</td>
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