F 328: Special Needs

Nursing Staff will ensure that O2 is administered according to MD orders by doing the following:

Charge Nurse will check O2 settings during patient rounds each shift. DON will check O2 settings during patient rounds weekly.

Nursing staff will receive additional training on weaning and titrating O2. Training will be completed by 2/27/10 by Director of Nursing.

When nursing employees feel that a patient would benefit from an O2 setting outside the parameters of the MD order, the charge nurse will call the MD to request a new order.

When a hospice patient is receiving O2, nursing staff will request an order from the MD to ensure patient comfort.

QA monitor will be completed by nurse tech during weekly tubing changes. Nurse tech will give QA monitor to Director of Nursing. DON will take monitor to monthly QA meeting until compliance is observed for three consecutive months.

1. Medical record review for Resident #1 documented an admission date of 1/23/10 with diagnoses of Non Small Cell Lung Cancer and Bone Metastasis. A physician's order dated 1/23/10 documented "Oxygen therapy: 6 L/min [liters per minute]."

Observations in Resident #1's room on 1/25/10 at 6:30 PM, revealed Resident #1 with O2 being administered at 4 L/min per binalasal canula (BNC). Resident #1 was not receiving O2 at the physician's prescribed rate of 6 L/min.

2. Medical record review for Resident #5

The findings included:

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation and interview, it was determined the facility failed to ensure that oxygen (O2) was administered according to physician's orders for 2 of 5 (Residents #1 and 5) sampled residents receiving O2 therapy.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tr>
<td>F 328</td>
<td>Continued From page 1</td>
<td>F 328</td>
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Documented an admission date of 1/14/10 with diagnoses of Dementia, Alzheimer's, Chronic Obstructive Pulmonary Disease, Failure to Thrive, Delirium, Atrial Fibrillation and Hypertension. A physician's order dated 1/14/10 documented, "O2 @ [at] 2 LNC [liters nasal cannula] - wean to keep O2 sat [saturation] > [greater than] 90% [percent]." The plan of care dated 1/14/10 for "Ineffective Breathing Pattern" documented "...Decreased O2 requirement with titration.* Sustain O2 sat > 90% with decreasing supplemental O2." Resident #5 was not receiving O2 at the physician's prescribed rate of 2 LNC or less to ensure Resident #5's O2 saturation was sustained at > 90%.

Observations in Resident #5's room on 1/26/10 at 11:45 AM, revealed Resident #5 seated in a chair with O2 being administered at 2.5 L [liter] BNC.

Observations in Resident #5's room on 1/26/10 at 12:20 PM, revealed Resident #5 seated in a chair, the Director of Nursing (DON) increased O2 to 3 LBNC. The DON stated to Nurse #4, "I turned her [Resident #5] O2 up a little. I don't know what her order is." Nurse #4 stated, "The order is to titrate to keep her [Resident #5] sat 90%.*"

During an interview in Resident #5's room on 1/26/10 at 11:45 PM, Nurse #5 was asked what Resident #5's O2 was infusing at. Nurse #5 stated, "It's between 2 1/2 and 3 liters. The top of the ball is on 3, but I would say it's 2 1/2."

During an interview at the nurse's station on 1/27/10 at 8:10 AM, Nurse #4 and the DON were asked to define the term "wean". Nurse #4 stated, "Wean. There would be something ordered for..."
MAURY REGIONAL HOSPITAL SNU

F 328
Continued From page 2
the [O2] sat range and I would turn the [O2] down as much as the patient could tolerate and [O2] sat be okay." The DON stated, "You would turn the [O2] down to get the patient [Resident #5] off. That would be the goal."

F 425
483.60(a),(b) PHARMACY SERVICES
The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to document the date of the current physician orders and failed to obtain the route of administration for the Morphine Sulfate (MS) 1 milligram (mg) every 2 hours as needed (PRN) for pain for 1 of 8 (Resident #1) sampled residents.

F 328
F 425
F425: Pharmacy Services 2/16/10
All orders from the Skilled Nursing Unit will be reviewed by MRMC pharmacists to ensure that required elements of the medication order are present. Incomplete orders will require clarification prior to order processing.

Pharmacists reminded by Director of Pharmacy via email and at staff meeting On 2/26/10 on the required elements of a medication order. Pharmacists will proactively review all orders for incomplete elements and will not accept the orders until incomplete elements are clarified.

Pharmacists will record the communications regarding incomplete orders to identify any consistent practices among prescribers. Director of Pharmacy will communicate any findings with the appropriate medical staff.

Pharmacy technicians will be educated to look for date of orders (as double check) when filing medication orders. If this information is not on the order, the order will be referred to pharmacist for clarification.
<table>
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<tr>
<th>(X4) ID</th>
<th>PREVIEW TAG</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X6) COMPLETION DATE</th>
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| F 425  | Continued From page 3  
The findings included:  
Medical record review documented Resident #1 was admitted on 1/23/10, with diagnoses of Non Small Cell Lung Cancer and Bone Metastasis. Review of the current physician orders failed to have a documented date or time for the orders written. The order for MS 1 mg every 2 hours as needed for pain control did not have a route documented for administration of the medication.  
During interview in the staff breakroom on 1/26/10 at 9:30 PM, Registered Nurse #3, stated, "...everything should have a date and time...order should have been clarified."  
During interview in the Social Worker's office on 1/27/10 the Director of Pharmacy verified that orders require a date and time the orders are written and that clarification should be obtained if orders are incomplete. The Director of Pharmacy stated, "This particular order [MS 1 mg] should have been clarified." | F 425  
Nursing staff will be reminded of required elements of medication order by Director of Nursing. The pharmacy will enlist the assistance of nursing staff to identify any orders that are incomplete.  
Medical staff will be reminded by Director of Pharmacy of required elements of medication order. The pharmacy will enlist the assistance of medical staff to identify any orders that are incomplete.  
Random monthly audits of pharmacy orders by Pharmacy Manager will include review for the required elements of a medication order. The audits will be performed on a monthly basis.  
Audit information will be reviewed to identify any problem areas, prescribers, or pharmacy staff. Pharmacy Manager or Director of Pharmacy will address any problem areas identified and corrective action will be taken as appropriate. | 2/27/10 |
| F 441  | SS=O  
483.65(a) INFECTION CONTROL  
The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections.  
This REQUIREMENT is not met as evidenced | | | |
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/OHA Identification Number:** 445398

**Multiple Construction**

- **Building:**
- **Wing:**

**Date Survey Completed:** 01/27/2010

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**Name of Provider or Supplier:** Maury Regional Hospital SNU

**Address:**

- **Street Address:** 1224 Trotwood Ave
- **City:** Columbia
- **State:** TN
- **ZIP Code:** 38401

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<table>
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<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
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<tbody>
<tr>
<td>F 441</td>
<td>Continued From page 4 by: Based on policy review, observation and interview, it was determined the facility failed to ensure practices to prevent the potential spread of infection were maintained for handling of medication, disposal of sharps and the handling of an inhaler by 1 of 2 nurses (Nurse #1) observed during the medication administration pass. The findings included: 1. Observations in Random Resident (RR) #1's room on 1/25/10 at 8:20 PM, during the medication administration pass, Nurse #1 dropped the tablet on the plastic zip lock bag containing the medications to be administered, picked the tablet up with her bare fingers, placed it in the medication cup and administered the tablet to Random Resident (RR) #1. 2. Review of the facility's &quot;INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES POLICY # 03-004-1 SHARPS SAFETY... Procedures. a. Sharps Handling 1) ...Sharps will be placed in the designated receptacle BY THE USER, as soon as possible after use... b. Disposal of sharps... 2) Carefully dispose of sharps into an appropriate sharps container, immediately after use... 6) Used or unused sharps will NEVER be placed in a trash receptacle.&quot; Observations in Resident #3's room on 1/25/10 at 8:40 PM during the medication administration pass, Nurse #1 performed a fingerstick blood glucose stick on Resident #3. At the conclusion of the procedure Nurse #1 pulled the glove of the left hand over the fingers holding the lancet used</td>
<td>F 441: Infection Control Nurses will be re-educated by Director of Nursing on the proper infection control procedures to be used when administering medications as per hospital policy. Training will include the importance of wearing gloves anytime medications are to be handled by staff, proper disposal of sharps in appropriate sharps containers. Nurses will also be trained by Director of Nursing on how to handle inhalers, including making it clear that inhalers and other medications are not to be placed in uniform pockets at any time. Compliance will be ensured by med pass observation by consultant pharmacist during March and April monthly visits.</td>
<td>2/27/10</td>
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**Event ID:** DP0811

**Facility ID:** TN6004

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**If continuation sheet Page:** 5 of 8
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<tr>
<td>F 441</td>
<td>Continued from page 5 for the fingerstick, removed the glove and disposed of the glove containing the lancet in the trash receptacle in Resident #3's room. During an interview in Resident #3's room on 1/25/10 at 8:45 PM, Nurse #1 stated, &quot;They [Nurses] were told did not need to discard [lancet] in sharps container&quot; as the lancet retracted. During an interview in the office of the Social Worker on 1/27/10 at 10:30 AM, the Director of Nursing stated, &quot;It [lancet] would be treated like a sharp.&quot; 3. Observations in RR #2's room on 1/25/10 at 8:45 PM, during the medication administration, Nurse #1 removed the inhaler from the right pocket of her uniform and handed the inhaler to RR #2. At the conclusion of the treatment Nurse #2 placed the inhaler back in the pocket of her uniform.</td>
<td>F 441</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td>01/27/2010</td>
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