**F 280**
483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to evaluate and revise the care plan for one resident (#120) of twenty-nine residents reviewed.

The findings included:

Resident #120 was readmitted to the facility on March 13, 2012, with diagnoses of End Stage Renal Disease and Right Arm Arteriovenous Fistula (AVF).
F 280 Continued From page 1

Medical record review of a nurse's note dated February 21, at 7:30 a.m, revealed the resident had an AVF inserted on February 21, 2012, for dialysis.

Medical record review of the Admission orders dated March 14, 2012, revealed "...Dialysis T (Tuesday), H (Thursday), Sat (Saturday)..."

Medical record review of the current Interdisciplinary Care Plan last reviewed January 26, 2012, revealed no updates to reflect the AVF was inserted February 21, 2012, and the days the resident received Dialysis.

Interview with the Director of Nursing (DON) on March 21, 2012, at 8:30 a.m., in the DON office, confirmed the Interdisciplinary Care Plan had not been revised or updated to reflect the resident's AVF and the days the resident received dialysis.

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 medical record review, review of facility policy, observation, and interview, the facility failed to provide care and services for one resident (#120) receiving Dialysis Services.

The facility believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:........

F 280 Corrective Action:
Resident #120 is currently in the hospital.
Upon return from the hospital, the interdisciplinary team will review and update the care plan as indicated.

Identification:
Care plans for residents receiving dialysis will be reviewed by the Director of Nursing/Assistant Director of Nursing for identification of the days of the week dialysis is performed and the type of access site for the dialysis.

Measures/Systematic Changes:
The MDS Coordinator, Assessment Nurse, and licensed nurses will receive in-service provided by the Director of Nursing/Assistant Director of Nursing on required dialysis documentation on April 4, April 13, and April 20, 2012.

Monitor/O.A.:
The Director of Nursing/Assistant Director of Nursing will review current care plans of the residents receiving dialysis weekly for any changes in the plan of care. The audits will be presented monthly by the Director of Nursing/Assistant Director of Nursing to the facilities Performance Improvement Committee (Administrator, D.O.N., A.D.O.N., Social Services, Admissions/Marketing Director, Dietary Manager, M.D.S. Coordinator, R.N. Assessment Nurse, Medical Records Clerk, Activity Director, Medical Director, and Pharmacy Consultant) monthly for review and determination of ongoing compliance.

Completion Date: 4-25-2012
F 309 Continued From page 2

The findings included:

Resident #120 was readmitted to the facility on March 13, 2012, with diagnoses of End Stage Renal Disease and Right Arm Arteriovenous Fistula (AVF).

Medical record review of the Physician's Orders dated March 14, 2012, revealed "...Dialysis T (Tuesday), H (Thursday), Sat (Saturday)...."

Medical record review of nurse's notes dated March 13, at 12:30 p.m., March 15, at 2:00 p.m., and March 17, 2012, at 11:55 a.m., revealed no monitoring of the resident's dialysis access site/vital signs after the resident's return from dialysis.

Review of the facility policy Care of Resident Receiving Dialysis Treatments revealed "...monitor for...elevated blood pressure...hemorrhage...bleeding from site...swelling, pain, redness, or drainage of the shunt...."

Observation on March 20, 2012, at 9:30 a.m., in the resident's room revealed the resident lying on the stretcher being transported to the Dialysis Center.

Interview with the Director of Nursing (DON) on March 21, 2012, at 8:30 a.m., in the DON office, confirmed the resident returned from outpatient dialysis on March 13, 15, and 17, 2012, and the resident's dialysis catheter had not been assessed for bleeding or infection; the resident's vital signs had not been monitored; and the

The facility believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:

F309 Corrective Action:
Resident #120 is currently in the hospital. Upon return from the hospital, the Director of Nursing/Assistant Director of Nursing will review the medical record for documentation of the access site for dialysis and vital signs upon return from dialysis.

Identification:
Medical records for residents receiving dialysis will be reviewed by Director of Nursing/Assistant Director of Nursing for documentation regarding the monitoring of the access site and vital signs post-dialysis.

Measures/Systematic Changes:
Licensed nurses will receive In-service on April 4, April 13, and April 19, 2012 on the facility policy of care of the resident receiving dialysis treatment by the Director of Nursing/Assistant Director of Nursing.

Monitor/Q.A.:
Weekly audits will be performed by the Director of Nursing/Assistant Director of Nursing with a monthly cumulative report presented to the Performance Improvement Committee (Administrator, D.O.N., A.D.O.N., Social Services, Admissions/Marketing Director, Dietary Manager, M.D.S. Coordinator, R.N. Assessment Nurse, Medical Records Clerk, Activity Director, Medical Director, and Pharmacy Consultant) monthly for review and determination of ongoing compliance.

Completion Date:
April 25, 2012
F 309
Continued From page 3
facility failed to follow the policy and procedure for care of the resident receiving dialysis.

F 431
483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation, and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

The facility believes its current practices were in compliance with the applicable standard of care, but that in order to respond to this citation from the surveyors, the facility is taking the following additional actions:............

F 431
Corrective Action:
The tube of Monistat and Lidocaine has been discarded. The cabinet door is currently locked.

Suppositories are in the medication refrigerator. Crushed medications have been discarded. Out of date Insulin has been discarded. Nurse #1 and Nurse #2 have been counseled.

Identification:
Each medication cart and storage cabinets have been checked for medication labeling, expiration dates and storage separation by route (rectal, oral, transdermal, eye, ear, inhalation, infection).

Measures/Systematic Changes:
Licenses nurses will be in-serviced by the Director of Nursing/Assistant Director of Nursing on medication storage and labeling on April 4, April 13, and April 20, 2012.

Monitor/Q.A.:
Weekly audits will be performed by the Director of Nursing/Assistant Director of Nursing with a monthly cumulative report presented to the Performance Improvement Committee (Administrator, D.O.N., A.D.O.N., Social Services, Admissions/Marketing Director, Dietary Manager, M.D.S. Coordinator, R.N. Assessment Nurse, Medical Records Clerk, Activity Director, Medical Director, and Pharmacy Consultant) monthly for review and determination of ongoing compliance.

Completion Date:
April 25, 2012
This REQUIREMENT is not met as evidenced by:

Based on observation, review of the facility policy, and interview, the facility failed to ensure medications were stored and labeled according to Federal and State labeling requirements and accepted standard of practice and failed to ensure expired medications were discarded in one of four medication carts; and failed to ensure medications were secured in locked cabinets in one of two medication cabinets.

The findings included:

Observation on March 20, 2012, at 12:20 p.m., of the South Wing Nurses Station with Licensed Practical Nurse (LPN) #2 revealed the following: 1 box labeled Monistat 7, 30 gram tube one fourth full; in the same box 1 tube labeled Lidocaine 2.5%, 1.59 oz tube three fourth full; not labeled with resident name or directions for use; a cabinet door inside the Nurse's Station unlocked with various topical medications; South Wing Medication Cart with suppositories stored with oral medications; and a med crush cup inside the top drawer of the medication cart containing medications crushed and unlabeled.

Interview with LPN #2, on March 20, 2012, at 12:25 p.m., confirmed the medications were not stored or labeled correctly and the medications were not in a locked compartment.

Observation on March 20, 2012, at 12:39 p.m., of the Upper East Wing Medication Cart with LPN #1, revealed one 10 ml (milliliter) bottle of Humalog (insulin) opened on February 17, 2012,
<table>
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<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<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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(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.

This REQUIREMENT is not met as evidenced by:
Based on observation, facility policy review, and interview, the facility staff failed to apply gloves prior to administering insulin injections for one resident (#49) of twenty-nine resident reviewed.
NAME OF PROVIDER OR SUPPLIER
SWEETWATER NURSING CENTER

<table>
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<tr>
<th>ID</th>
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<tr>
<td>F 441</td>
<td>Continued From page 7&lt;br&gt;Observation on March 19, 2012, at 9:50 a.m., revealed Licensed Practical Nurse (LPN) #1 administered two insulin injections to resident #49 with ungloved hands. Review of the Gloves policy, revised October 2011, revealed &quot;...It is the policy of this facility that gloves be worn when handling blood or body fluids, mucous membranes and non-intact skin...The use of disposable gloves is indicated for procedures where body fluids are handled and includes the following circumstances...If it is likely that the employee's hands will come in contact with blood or body fluids, mucous membranes or non-intact skin...&quot; Interview on March 19, 2012, at 9:50 a.m., with the LPN #1, at the time of the observation, revealed gloves were to be worn when there is potential contact with blood or body fluids, and confirmed gloves were not worn when the insulin injections were administered to the resident.</td>
<td>F 441</td>
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