

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

PRINTED: 03/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2016
NAME OF PROVIDER OR SUPPLIER LAWRENCE MEMORIAL HOSPITAL SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 325 MAINE ST LAWRENCE, KS 66044		
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F 000	INITIAL COMMENTS	F 000			
F 329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 13 residents. The sample included 5 residents. Based on observation, record review and staff interview, the facility failed to identify the lack of monitoring for</p>	F 329			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 329	<p>Continued From page 1</p> <p>black box warnings in the care plan for 3 of the 5 (#76, #78, #79) residents sampled for unnecessary medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of the Physician's Order Sheet (POS), dated 3/14/2016, for resident #79 listed diagnoses of pneumonia (inflammation of the lungs), asthma (disorder of narrowed airways that caused wheezing and shortness of breath), obstructive sleep apnea (sleep disorder characterized by periods without respirations), dementia with Down's syndrome (chromosomal abnormality characterized by varying degrees of mental retardation and multiple defects), hypothyroidism (condition characterized by decreased activity of the thyroid gland), and gastroesophageal reflux disease (backflow of stomach contents to the esophagus). <p>The facility did not provide a Minimum Data Set (MDS) for this resident. Record review revealed the resident was admitted to the facility on 3/20/2016.</p> <p>Review of the physician's orders, dated 3/20/2016, revealed the following medications with black box warnings (BBW):</p> <p>Reglan (a medication that increases muscle contractions in the upper digestive tract), 5 mg (milligrams), by mouth, daily for bowel motility.</p> <p>Review of the physician's orders, dated 3/21/2016, revealed the following medications with BBWs:</p> <p>Celebrex (a non-narcotic medication that relieves</p>	F 329			

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F 329	<p>Continued From page 2 pain), 200 mg, by mouth, daily for pain.</p> <p>Review of the resident's care plan, dated 3/22/2016, revealed no BBW for Reglan or Celebrex.</p> <p>According to fda.gov (Food and Drug Administration), a BBW is a warning of serious or life-threatening risks located on the label of a prescription drug.</p> <p>According to fda.gov, Reglan may cause tardive dyskinesia, a serious movement disorder that is often irreversible.</p> <p>According to fda.gov, Celebrex may cause an increased risk of serious cardiovascular events or stroke, and an increased risk of serious gastrointestinal events including bleeding, and perforation of the stomach.</p> <p>Observation, on 3/22/2016 at 2:09 P.M., revealed the resident laying in his/her bed, looking up with his/her eyes open, and oxygen tubing in his/her nares. The resident appeared clean and groomed, but with a flat affect.</p> <p>In an interview, on 3/22/2016 at 10:55 A.M., administrative nursing staff D stated BBWs are documented as a pharmacist note, but not in the care plans.</p> <p>In an interview, on 3/22/2016 at 2:19 P.M., Direct Care Staff P stated he/she did not know what BBWs are, because he/she did not give residents any medications.</p> <p>In an interview, on 3/24/2016 at 8:18 A.M., Direct Care Staff Q stated he/she did not know what</p>	F 329			

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F 329	<p>Continued From page 3</p> <p>BBWs are, and did not know which possible medication side effects to monitor for this resident.</p> <p>The facility failed to provide medication monitoring for side effects for this resident.</p> <ul style="list-style-type: none"> - The Physician's Order Sheet (POS) dated 2/06/16 revealed resident #76 had diagnoses of atrial fibrillation(rapid, irregular heart beat), hypertension (elevated blood pressure) , and type 2 diabetes mellitus(elevated blood sugar, not enough insulin made or the body cannot respond to the insulin). <p>The 14 Day Minimum Data Set (MDS) dated 3/21/16 revealed resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating cognitive intact. The resident received insulin, anticoagulants and diuretics during the last 7 days.</p> <p>The care plan dated 3/24/16 lacked of identification of the resident at risk for fall due to impaired mobility. The care plan lacked the black box warning for the medication.</p> <p>The physician's medication order identified the resident with the following black box warning medications: warfarin 2.5 mg (milligrams) on Mondays, Wednesdays and Fridays; warfarin 5mg 1 tab daily.</p> <p>Review of INR (international normalized ratio) results revealed following lab results: 1.73 on 3/8/16, 1.7 on 3/12/16, and 1.73 on 3/14/16. According to FDA (U.S. food and drug administration), the INR range should be between 2.0 and 3.0, and when the result was lower than 2.0, the risk for developing a blood clot increased.</p>	F 329			

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F 329	<p>Continued From page 4</p> <p>On 03/22/2016 at 9:44 AM direct care staff O stated he/she would report anything abnormal to the nurse. He/she did not know how to access to residents care plans or what a black box warning was.</p> <p>On 03/22/2016 at 3:29 PM direct care staff P stated he/she did not know what the black box warning was and he/she did not have access to look in the residents Skilled Nursing Facility Notes or MAR (medication administration record).</p> <p>On 03/22/2016 at 10:55 AM administrative nursing staff D stated the black box warnings were documented in Skilled Nursing Facility Note and MAR but not in the care plan.</p> <p>The facility failed to monitor the side effects of black box warning medications for this the resident, who received warfarin, placing the resident at increased risk for bleeding.</p> <p>- The Physician's Order Sheet (POS) dated 3/01/2016 revealed resident #78 had diagnoses of dementia and gastro-esophageal reflux disorder (GERD, backflow of stomach contents to the esophagus).</p> <p>The 14 Day Minimum Data Set (MDS) dated 3/21/16 revealed the resident received an antidepressant on 7 out of 7 days.</p> <p>The CAAs (care area assessments) dated 3/21/16 revealed the resident was on Lexapro 10mg daily for depression prior admission.</p> <p>The care plan dated 3/24/16 revealed the</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>resident with depression and staff were to manage it with medication. The care plan lacked identification of black box warning monitoring for Reglan or Lexapro.</p> <p>Review of physician medication order dated 3/18/16 revealed this resident had the following black box warning medications: Reglan 10mg (milligram) four times a day for GERD and Lexapro 10mg daily for depression.</p> <p>According to FDA (U.S food and drug administration) drug guide line, the following medications have the following BBW ' s: Reglan would increase the risk for tardive dyskinesia (abnormal condition characterized by involuntary repetitive movements of the muscles of the face, limbs and trunk) and Lexapro would increase the risk for suicidal thinking and behavior.</p> <p>On 03/22/2016 at 9:44 AM direct care staff O stated he/she would report anything abnormal to the nurse. He/she did not know how to access to residents' care plans or what a black box warning was.</p> <p>On 03/22/2016 at 3:29 PM direct care staff P stated he/she did not know what the black box warning was and he/she did not have access to look in the residents' Skilled Nursing Facility Notes or MAR (medication administration record).</p> <p>On 03/22/2016 at 10:55 AM administrative nursing staff D stated the black box warnings were documented in Skilled Nursing Facility Note and MAR but not in the care plan.</p> <p>The facility failed to monitor the side effects of black box warning medications for this cognitively</p>	F 329			

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F 329	Continued From page 6	F 329			
F 356 SS=C	<p>impaired resident.</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 13 residents.</p>	F 356			

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F 356	Continued From page 7 Based on record review and interview, the facility failed to post the nurse staffing data, at the beginning of each shift, in a prominent place, readily accessible to residents and visitors. Findings included: - On 3/21/16 at 10:00 AM, the nurse staffing was posted, located behind the nurse's desk and not visible to residents or visitors. The actual hours worked were blank. The posting sheets for shifts on 1/1/16, 1/2/16, 1/3/16, 1/4/16, 1/5/16, and 1/16/16 were not provided as requested. Review of staffing records dated 1/6/16 to 2/25/16, revealed six 12 hour shift postings with the actual hours worked left blank. Review of staffing records dated 3/16/16 to 3/21/16, revealed two 12 hour shift postings with the actual hours worked left blank. During an interview on 3/24/16 at 11:17 AM, administrative nursing staff D stated the unit secretary, the charge nurse, or he/she were responsible to fill out the posting sheets. The facility failed to post the nurse staffing data at the beginning of each shift, in a prominent place, readily accessible to residents and visitors.	F 356			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local	F 371			

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F 371	<p>Continued From page 8 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 13 residents. The facility included one main kitchen and one satellite kitchen. Based on observation and interview, the facility failed to prepare, distribute, and serve food under sanitary conditions in both kitchens.</p> <p>Findings included:</p> <p>During the initial tour of the satellite kitchen on 3/21/16 at 8:07 AM, observation revealed the following:</p> <ol style="list-style-type: none"> 1. A bottle of opened, undated cranberry/apple juice in the refrigerator. <p>During the initial tour of the main kitchen on 3/21/16 at 8:30 AM, observation revealed the following:</p> <ol style="list-style-type: none"> 1. Numerous items in the reach-in refrigerators were opened and undated. 2. The certified dietary manager wore a hair net, but it did not cover all of his/her hair. <p>On 3/22/16 at 11:30 AM, two dietary staff wore hair nets, but their hair was not fully contained. One dietary staff wore a ball cap, but his/her ponytail, approximately 4 inches long, was flowing freely from the cap.</p>	F 371			

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F 371	Continued From page 9 On 3/24/16 at 11:28 AM, dietary director DD stated the chef was responsible for dating all items when opened. Staff DD stated all dietary staff were expected to have all of their hair contained. The facility's Employee Handbook, undated, noted staff were to wear an approved uniform hat or hairnet, but did not address full containment of the hair. The facility failed to prepare, distribute, and serve food under sanitary conditions.	F 371			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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	F 441			

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F 441	<p>Continued From page 10</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 13 residents. Based on observation, record review and staff interview, the facility failed to utilize precautions to minimize transmission of infection within the facility.</p> <p>Findings included:</p> <p>- On 3/22/16 at 10:12 AM, housekeeping staff X sprayed diluted CrewNA Bowl and Bathroom Disinfectant Cleaner into the water in the toilet bowl. On 3/22/16 at 10:16 AM (4 minutes later), housekeeping staff X brushed the inside of the toilet bowl, flushed the toilet, and resprayed the cleaner into the toilet bowl.</p> <p>Review of the manufacturer's label for CrewNA Bowl and Bathroom Disinfectant Cleaner documented to clean toilet bowls, empty the bowl and apply undiluted solution to exposed surfaces, swab thoroughly, allow remaining wet for 10 minutes, and then flushing the toilet.</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>On 3/22/16 at 10:22 AM, housekeeping staff X stated he/she sprayed the CrewNA cleaner into the toilet bowl, brushed it 10 minutes later, and flushed. He/she said he/she sprayed more of the cleaner into the bowl and left it until the resident or staff flushed the toilet.</p> <p>On 3/24/16 at 10:46 AM, housekeeping manager Y stated the CrewNA toilet cleaner needed a contact time of 10 minutes to kill most germs.</p> <p>The facility's policy General Cleaning of Restrooms reviewed on February 2016 noted to begin cleaning of the toilet, swab the inside of the toilet with the solution and let stand. It failed to give specific information about the CrewNA Bowl and Bathroom Disinfectant Cleaner.</p> <p>The facility failed to utilize precautions to minimize transmission of infection within the facility.</p>	F 441			