

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155519	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/02/2015
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NAME OF PROVIDER OR SUPPLIER GENTLECARE OF VINCENNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1202 S 16TH ST VINCENNES, IN 47591
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 27, 28, 29,30, and February 2, 2015.</p> <p>Facility number: 000357 Provider number: 155519 AIM number 100291370</p> <p>Survey team: Sylvia Scales, RN-TC Terri Walters, RN Dorothy Watts, RN Amy Wininger, RN 1/27, 1/28, 2/2 2015</p> <p>Census bed type: SNF/NF: 43 Total: 43</p> <p>Census payor type: Medicare: 5 Medicaid: 34 Other: 4 Total: 43</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 9,</p>	F000000	<p>F000 This plan of correction is submitted to serve as an allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the allegations or conclusions set forth in the statement of deficiencies. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. We have attached copies of our new/revised policies & procedures, copies of our in-services and attendance logs, a copy of our surety bond in the amount of \$50,000 along with copies of our monitoring tools for your review. We respectfully request a desk review and request that our plan of correction be considered our allegation of compliance effective March 4, 2015.</p>	
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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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F000157 SS=D	<p>2015 by Jodi Meyer, R.N.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview, and record review,</p>	F000157	F157 CORRECTIVE ACTIONS FOR ALL RESIDENTS FOUND TO HAVE	02/19/2015			

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	<p>the facility failed to ensure the physician was notified timely in regards to a change of condition, in that, a change in a surgical wound condition was not reported to a physician for 38 hours following the onset of the change for 1 of 3 residents reviewed for hospitalization. (Resident #64)</p> <p>Findings include: The clinical record for Resident #64 was reviewed on 1/28/15 at 2:04 P.M., diagnoses included, but were not limited to, status post coronary artery bypass graft, coronary artery disease, hypertension, morbid obesity, and diabetes.</p> <p>A nursing note dated 10/11/14 at 11:30 P.M., included, "...Pt having thin blood tinged drainage coming from bottom of sternal incision line. Unable to visualize opening in incision line. Skin next to incision is pink on both sides ... "</p> <p>A nursing note dated 10/12/14 at 2:00 A.M., included, "Pt again called this nurse to room. Drsg [dressing] saturated ... "</p> <p>A nursing note dated 10/12/14 at 8:30 A.M., included, "...Dressing saturated [2 folded 4x4's] that was [changed] @ [at]</p>		<p>BEEN AFFECTED: Resident #64 was discharged from facility, to return home.</p> <p>IDENTIFICATION OF RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED Hh : The Director of Nursing identified all residents experiencing a change of condition as having a potential to be affected. The Director of Nursing developed a "Notification of Physicians Change in Resident Condition" policy (EXHIBIT A) to correct the practice.</p> <p>MEASURES OR SYSTEMIC CHANGES TO PREVENT RECURRENCES: The facility implemented the "Notification of Physicians Change in Resident Condition" policy (EXHIBIT A) 2/19/15 to ensure the practice does not recur. All nurses will be in-serviced (EXHIBIT B) 2/19/15 regarding the "Notification of Physicians Change in Resident Condition" policy (EXHIBIT A). All nurses will be in-serviced and tested monthly regarding the "Notification of Physicians Change in Resident Condition" policy (EXHIBIT A). Newly hired nurses will be in-serviced upon orientation and tested monthly thereafter regarding the "Notification of Physicians Change in Resident Condition" policy. In addition, the Director of Nursing will review the 24 Hour Report Sheets (EXHIBIT C)</p>				

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	<p>7AM... "</p> <p>A nursing note dated 10/13/14 at 1:55 P.M., (38 hours following change in wound condition), included, "phoned [Name of surgeon] office... "</p> <p>The care plans include, but were not limited to, "I had recent heart surgery and have an incision initiated on 10/14. The interventions included, but were not limited to, "treatment as ordered, monitor for any redness, drainage, warmth, and report to medical doctor as warranted."</p> <p>During an interview on 01/30/2015 at 10:40 A.M., Licensed Practical Nurse #3 indicated any change in condition of a wound was to be reported as soon as possible to the physician.</p> <p>On 2/2/15 2:50 P.M., during an interview with the Director of Nursing she indicated documentation was lacking a physician had been notified of the change in Resident #64's wound condition prior to 10/13/15 at 1:55 P.M.</p> <p>A policy dated 9/10/10 titled "DRESSING CHANGE [Clean] " was reviewed on 1/30/15 at 12:54 P.M., it included, "...20. Notify physician and family of any unusual findings."</p> <p>3.1-5(a) (2)</p>		<p>to verify that physicians are notified when residents experience a change in condition.</p> <p>CORRECTIVE ACTION MONITORED: The In-service Coordinator will monitor nursing in-services and testing, utilizing the Quality Assurance Tool (EXHIBIT D). The Director of Nursing will monitor 24 Hour Report Sheets (EXHIBIT C) to verify there has been physician notification upon a change in resident condition. All monitoring will be monthly and on-going, with the results reported to the Continuous Quality Improvement Committee (CQI). The Role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p>				

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F000161 SS=F	<p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>Based on interview and record review, the facility failed to ensure a surety bond had been secured for the facility's resident personal funds account for 1 of 1 facility insurance policy reviewed. This had the potential to affect 43 of 43 residents who resided at the facility.</p> <p>Findings include:</p> <p>On 1/30/15 at 10:15 A.M., Licensed Practical Nurse #5 who managed the resident personal fund account at the facility was interviewed. LPN #5 indicated, at that time, the total resident fund account amount was \$12,673.74.</p> <p>On 1/30/15 at 12:45 P.M., the</p>	F000161	<p>F161 CORRECTIVEACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>The Administrator audited theresidents' Personal Funds Account and determined that residents were not adverselyaffected by the practice.</p> <p>IDENTIFICATIONof RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED:</p> <p>The Administrator identifiedresidents with a Personal Funds Account as having a potential to be affected bythe practice. The facility purchased a surety bond (EXHIBIT E) 2/19/15, in the mount of \$50,000 to assure the securityof resident personal funds deposited with the facility.</p> <p>MEASURES ORSYSEMIC CHANGES TO PREVENT RECURRENCES:</p>	02/19/2015

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	<p>Administrator provided documentation entitled "GUIDE ONE Insurance Building And Personal Declarations." The effective date of the policy was 6/1/14 with an expiration date of 6/1/15. The Administrator indicated the facility had in previous years had a surety bond policy but, now had the above policy which had replaced the facility surety bond.</p> <p>On 1/30/15 at 12:52 P.M., the Administrator provided a document from (Name of insurance) 1/30/15. The documentation included, but was not limited to, "This is to confirm that the employee dishonesty insurance for GC [Gentle Care] Healthcare Services, policy (numbers), effective 6/1/2014 to 6/1/2015, with (name of insurance), replaces a surety bond, and covers employee handling of resident's personal funds..."</p> <p>On 2/2/15 at 2:15 P.M., the Administrator was made aware documentation was lacking of a facility surety bond in regard to the resident personal fund account. The Administrator indicated, in the past the facility had a surety bond for \$50,000 for personal funds, but now that policy had changed.</p>		<p>The facility purchased a surety bond(EXHIBIT E) 2/19/15 to assure the security of all personal funds of residents deposited with the facility. The SuretyBond is in the amount of \$50,000 and is to be renewed annually. The proof of coverage will be held at the facility.</p> <p>CORRECTION ACTION MONITORED: The Administrator and Corporate President will monitor monthly to ensure the surety bond (EXHIBIT E) continues to be enforced and has not been cancelled by the facility or the insurance carrier. The Administrator and Corporate President will utilize the Quality Assurance Tool (EXHIBIT F) to monitor monthly and monitoring will be on-going. The results will be reported, by the Administrator, to the facility Continuous Quality Improvement Committee (CQI). The role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results</p>				

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F000282 SS=D	<p>On 2/2/15 at 2:15 P.M., the Administrator provided a facility policy entitled, "RESIDENT FUNDS [Revised 1/19/98]." The Administrator indicated the resident fund policy lacked documentation in regards to a surety bond.</p> <p>3.1-6(j)</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. Based on observation, interview, and record review, the facility failed to follow physician's orders for 1 of 3 residents reviewed for hospitalization, in that, emergency (STAT) lab orders were not collected for 14 hours after the order was</p>	F000282	<p>of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p> <p>F282 CORRECTIVE ACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED: The Director of Nursing assessed Resident #10 to determine there were no adverse effects from the practice. Resident #10 is</p>	02/19/2015	

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	<p>received. (Resident #10)</p> <p>Findings Include:</p> <p>On 1/28/2015 at 1:46 P.M., Resident #10 was observed up in a wheelchair in the facility lounge.</p> <p>The clinical record for Resident #10 was reviewed on 1/29/15 at 9:16 A.M., diagnoses include, but were not limited to, Diabetes type 2, hypertension, spinal stenosis, neurogenic bladder with a history of retention and developmental disabilities.</p> <p>A nursing note dated 1/3/15 at 2:50 A.M., indicated Resident #10 had experienced a temperature of 102.5 degrees Fahrenheit. The physician was called and a new order for Tylenol was received.</p> <p>A nursing note dated 1/3/15 at 9:04 P.M., indicated Resident #10's physician was notified of an increased temperature and labs and medications were ordered.</p> <p>A nursing note dated 1/4/15 at 12:00 P.M., indicated the labs were drawn.</p> <p>A nursing note dated 1/4/15 at 2:45 P.M., indicated lab results called to the physician and new orders were received</p>		<p>anticipated to return home at the end of therapy rehabilitation.</p> <p>IDENTIFICATION OF RESIDENT HAVING THE POTENTIAL TO BE AFFECTED:</p> <p>The Director of Nursing identified all residents, with an order for STAT labs, as having the potential to be affected by the practice. The Director of Nursing developed a "Laboratory Services" policy (EXHIBIT G) 2/19/15 to correct the practice. In addition, the Director of Nursing deleted the use of STAT on the current facility "Lab Diagnosis" instruction sheet (EXHIBIT H) 2/19/15, in order to alleviate the incorrect use of STAT in obtaining off hour labs.</p> <p>MEASURES OR SYSTEMIC CHANGES TO PREVENT RECURRENCES:</p> <p>The facility implemented the "Laboratory Services" policy (EXHIBIT G) 2/19/15, with all nurses in-serviced on this new policy (EXHIBIT B) 2/19/15. The new policy requires that a resident with an order for STAT labs will be transported to Good Samaritan Hospital (laboratory service provider) to draw labs. In addition, the new policy requires that STAT labs obtainable, at the facility, will be collected immediately and transported (by facility staff) to Good Samaritan Hospital (laboratory service provider).</p> <p>The facility also implemented the</p>				

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	<p>to send resident to the emergency room for evaluation and treatment.</p> <p>The Telephone orders for Resident #10 were reviewed, and included, but were not limited to:</p> <p>An untimed telephone order dated, 1/3/15 "STAT [emergency] CBC [complete blood count], chem 14, U/A [urinalysis], C&S [culture and sensitivity]-may straight cath [catheter] to obtain, rapid flu, Cipro [an antibiotic] 500 mg[milligram] 1 tab po [by mouth] bid [twice a day] x [for] 5 days. "</p> <p>An untimed telephone order dated, 1/4/15 "Send to ER [emergency room] for eval [evaluation]."</p> <p>An untimed telephone order dated 1/4/15 "Admit to [local hospital] with diagnosis of hyponatremia [low sodium level], UTI [urinary tract infection], R/O [rule out] Urosepsis [life threatening bacterial infection], Febrile illness.</p> <p>The lab reports were reviewed and included.</p> <p>A complete blood count dated 1/4/15 at 11:05 A.M., white blood count 27.65 cells per cubic millimeter (cm 2) with a normal level 4.00-10.00 cm 2.</p>		<p>revised "Lab Diagnosis" instruction sheet (EXHIBIT H) 2/19/15, with all nurses in-serviced (EXHIBIT B)2/19/15. The use of STAT will no longer be used in order to obtain a weekend or holiday lab. Residents with labs ordered on weekends or holidays will be transported to Good Samaritan Hospital (laboratory service provider) to draw labs. The nurses will be in-serviced and tested monthly regarding the "Laboratory Services" policy and the "Lab Diagnosis" instruction sheet. Newly hired nurses will be in-serviced upon orientation and tested monthly thereafter regarding the aforementioned documents.</p> <p>CORRECTIVE ACTION MONITORED: The In-service Coordinator will monitor nursing in-services and testing, utilizing the Quality Assurance Tool (EXHIBIT I). The Director of Nursing will monitor the 24 Hour Report Sheets (EXHIBIT C) to verify that STAT lab orders have been processed correctly. All monitoring will be monthly and on-going, with the results reported to the Continuous Quality Improvement Committee (CQI). The role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction</p>				

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	<p>A urinalysis dated 1/4/15 at 11:05 A.M., included, appearance cloudy, with a reference range listed as clear. The sample contained a small amount of occult blood with a reference range of none. The sample also contained a large number of large leukocytes, with a normal level listed as none. It also included greater than 100 white blood cells with a normal level listed as none.</p> <p>A physician's progress note dated 1/7/15 indicated patient in hospital with urosepsis (life threatening bacterial infection) .</p> <p>The Director of Nursing was interviewed on 1/29/15 at 10:30 A.M., she confirmed the order was written as a STAT or emergency lab order. She indicated when those labs were received the staff would notify the hospital of the labs but they were just at the mercy of the hospital to come and draw them. She further indicated, at that time, there were no policy for stat lab orders.</p> <p>During an interview on 1/30/15 at 10:40 A.M. with Licensed Practical Nurse #3, she indicated if a STAT lab order was received the lab would be called and informed of the order, she further indicated the lab at the local hospital</p>		<p>and quality of life. The Committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The Committee also assists in the development and initiation of plans of correction, related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.</p>				

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	<p>would come and get them as soon as possible, if they were unable to provide the services she would call the doctor back and inform him/her for instructions on how to proceed.</p> <p>During an interview on 1/30/15 at 12:55 P.M., Assistant Lab Director #1 indicated they do provide lab services to the facility daily and as needed. She further indicated if they were notified of a STAT order they would send someone out as soon available but was unaware of a time frame for regular or STAT labs.</p> <p>The facility provided a document dated 12/1/2004 and titled "AGREEMENT TO PROVIDE LABORATORY AND RADIOLOGY SERVICES " it was reviewed on 2/2/15 at 12:20 P.M., it included, "...b. [local hospital] shall provide routine laboratory procedures to Facility's patients. [local hospital] will furnish Facility a list of procedures and any special instructions required concerning patient preparation and/or specimen collection ... " The agreement continued and included " ...c. [local hospital] and facility will agree upon an acceptable schedule by which [local hospital] routinely and regularly provides</p>						

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F000502 SS=D	<p>the services herein. [Local hospital] will also provide reasonable emergency ancillary services to patients at Facility ...</p> <p>"</p> <p>3.1-35(g)(2)</p> <p>483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. Based on observation, interview, and record review, the facility failed to ensure emergency lab services were obtained timely for 1 of 3 residents reviewed for hospitalization, in that, emergency lab (STAT) orders were not collected for 14 hours after the order was received. (Resident #10)</p> <p>Findings Include:</p> <p>On 1/28/2015 at 1:46 P.M., Resident #10 was observed up in a wheelchair in the facility lounge.</p> <p>The clinical record for Resident #10 was reviewed on 1/29/15 at 9:16 A.M.,</p>	F000502	<p>F502 CORRECTIVEACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>TheDirector of Nursing assessed Resident #10 and determined the resident was notadversely affected by the practice. Resident #10 is anticipated to return home at the end of therapyrehabilitation.</p> <p>IDENTIFICATION OF RESIDENTS HAVING THE POTENTIAL TO BEAFFECTED:</p> <p>The Director of Nursing identified allresidents, with an order for emergency lab services, as having a potential tobe affected by the practice. TheDirector of Nursing developed a "Laboratory Services" policy (EXHIBIT G)2/19/15 to correct</p>	02/19/2015

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	<p>diagnoses include, but were not limited to, diabetes type 2, hypertension, spinal stenosis, neurogenic bladder with a history of retention and developmental disabilities.</p> <p>A nursing note dated 1/3/15 at 2:50 A.M., indicated Resident #10 had experienced a temperature of 102.5 degrees Fahrenheit and the physician was notified and a new order for Tylenol was received.</p> <p>A nursing note dated 1/3/15 at 9:04 P.M., indicated Resident #10's physician was notified of an elevated temperature. The physician ordered labs and medications.</p> <p>A nursing note dated 1/4/15 at 12:00 P.M., indicated the labs had been drawn.</p> <p>A nursing note dated 1/4/15 at 2:45 P.M., indicated lab results had been called to the physician. New orders were received to send the resident to the emergency room for evaluation and treatment.</p> <p>The Telephone orders for Resident #10 were reviewed, and included, but was not limited to:</p> <p>An untimed telephone order dated, 1/3/15 "STAT [emergency] CBC [complete blood count], chem 14, U/A [urinalysis],</p>		<p>the practice.</p> <p>MEASURES OR SYSTEMIC CHNGES TO PREVENT RECURRENCES:</p> <p>The Facility implemented the "Laboratory Services" policy (EXHIBIT G) 2/19/15, with all nurses in-serviced on this new policy (EXHIBIT B) 2/19/15. The new policy provides for emergency lab services in a timely manner by requiring the resident to be transferred to Good Samaritan Hospital (laboratory service provider) in order to have emergency labs drawn. All nurses will be in-serviced and tested monthly on the "Laboratory Services" policy. Newly hired nurses will be in-serviced upon orientation and tested monthly thereafter regarding the aforementioned policy. In addition to the previous measures the Director of Nursing will review 24 Hour Report Sheets to verify emergency lab services are being provided in a timely manner by the facility.</p> <p>CORRECTIVE ACTION MONITORED:</p> <p>The In-service Coordinator will monitor nursing in-services and testing, utilizing the Quality Assurance Tool (EXHIBIT J). The Director of Nursing will monitor the 24 Hour Report Sheets (EXHIBIT C) utilizing the Quality Assurance Tool (EXHIBIT J) to verify that emergency lab services are being provided in a timely manner. All monitoring will be monthly and on-going, with the results reported to the Continuous Quality Improvement Committee</p>		

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	<p>C&S [culture and sensitivity]-may straight cath [catheter] to obtain, rapid flu, Cipro [an antibiotic] 500 mg[milligram] 1 tab po [by mouth] bid [twice a day] x [for] 5 days. "</p> <p>An untimed telephone order dated, 1/4/15 "Send to ER [emergency room] for eval [evaluation]."</p> <p>An untimed telephone order dated 1/4/15 "Admit to [local hospital] with diagnosis of hyponatremia [low sodium level], UTI [urinary tract infection], R/O [rule out] Urosepsis [life threatening bacterial infection], Febrile illness.</p> <p>The lab reports were reviewed and included:</p> <p>A complete blood count dated 1/4/15 at 11:05 A.M., indicated Resident #10 had a white blood count of 27.65 cubic millimeters (cm 2) with a normal level being 4.00-10.00 cm 2.</p> <p>A urinalysis dated 1/4/15 at 11:05 A.M., included, appearance cloudy, with a reference range listed as clear. The sample contained a small amount of occult blood with a reference range of none. The sample also contained a large number of large leukocytes, with a normal level listed as none. It also</p>		<p>(CQI). The role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The committee also assists in the development and initiation of plans of correction, related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings reported to the quarterly Assurance Committee.</p>	

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	<p>included greater than 100 white blood cells with a normal level listed as none.</p> <p>A physician's progress note dated 1/7/15 indicated Resident #10 had been admitted to the hospital with a diagnosis of urosepsis (a life threatening infection).</p> <p>The Director of Nursing (DON) was interviewed on 1/29/15 at 10:30 A.M., she confirmed the order was written as a STAT lab order. She indicated when STAT the facility staff should notify the hospital of those orders. She indicated the facility was "at the mercy of the hospital." She further indicated at that time there were no policy for stat lab orders.</p> <p>During an interview on 1/30/15 at 10:40 A.M. with Licensed Practical Nurse #3, she indicated if a STAT (emergency) lab order was received the lab would be called and informed of the order, she further indicated the lab at the local hospital would come and get them as soon as possible, if they were unable to provide the services she would call the doctor back and inform him/her for instructions on how to proceed.</p> <p>During an interview on 1/30/15 at 12:55 P.M., Assistant Lab Director #1 indicated they do provide lab services to the facility</p>			

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	<p>daily and as needed. She further indicated if the lab was notified of a STAT order the lab would send someone out as soon as available. She further indicated she was unaware of a time frame for regular or STAT labs.</p> <p>The facility provided a document dated 12/1/2004 and titled "AGREEMENT TO PROVIDE LABORATORY AND RADIOLOGY SERVICES" it was reviewed on 2/2/15 at 12:20 P.M., it included, "...b. [local hospital] shall provide routine laboratory procedures to Facility's patients. [local hospital] will furnish Facility a list of procedures and any special instructions required concerning patient preparation and/or specimen collection ..." The agreement continued and included "...c. [local hospital] and facility will agree upon an acceptable schedule by which [local hospital] routinely and regularly provides the services herein. [Local hospital] will also provide reasonable emergency ancillary services to patients at Facility ..."</p> <p>3.1-49(a)</p>			

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

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