

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/09/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>2/3</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2005
NAME OF PROVIDER OR SUPPLIER INDIAN HILLS NURSING & REHAB C		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Correction date _____ Complaint # 6852-C was substantiated. See code of Federal Regulations (42 CFR), Part 483, Subpart B - C.	F 000	This plan of correction constitutes the facility's credible allegation of compliance as of 1-31-06.	
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a timely physician response for abnormal laboratory values for 3 of 9 sampled residents (Residents #3, #6 and #9). The facility reported a census of 103. Findings include: 1. Review of the clinical record for Resident #3 included diagnoses of a post subarachnoid bleed, hypoxia (lack of oxygen) and late effect hemiplegia. Review of the Minimum Data Set (MDS) assessment dated 12/1/05 documented Resident #3 required the assistance of one to two staff for assistance with activities of daily living (ADLs) such as transfer, dressing, eating and bathing. He/she also experienced short and long term memory problems. Review of the laboratory results for Resident #3 included abnormal labs with no physician response as follows:	F 281	The services provided meet professional standards of quality. A new process has been identified for nurses to follow regarding timely response from physicians related to abnormal lab values. Nurses will be notified of expectations. The nurse receiving the fax from the lab will review for abnormal values then they will fax it to the physician with a note on it requesting a response. While awaiting the response, the lab document will be placed on the chipboard at the nurses' station and will be reviewed the next day with a follow up fax or phone call requesting response. The director of nursing will be notified of any problems or failure of the physicians to respond and then will follow up with them. The director of nursing will notify the medical director for assistance, if necessary.	<i>ES</i> <i>ES</i> <i>JAN 24 2006</i>

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

TITLE

(X6) DATE

*Karen E. Minor, Administrator**1-19-06*

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.

Accepted 1/24/06 VV

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F 281	<p>Continued From page 1</p> <p>December 2, 2005</p> <p>BUN value 6-20 39 normal</p> <p>RBC value 4.2-6.2 3.76 normal</p> <p>Mean Corpuscular Volume (MCV) 101.9 normal value 80-100</p> <p>RDW value 35.0-47.0 47.5 normal</p> <p>Phenytoin value 10.0-20.0 2.6 normal</p> <p>A Phenytoin level is used to monitor levels of the antiseizure medication Phenytoin. Review of the Medication Administration Record (MAR) for Resident #3 revealed no change in the dose of Phenytoin Sodium ER through the December 28, 2005 record review.</p> <p>The clinical record lacked documentation of any attempt by the facility to contact the Physician regarding the low Phenytoin level and any possible changes in the Phenytoin dosage.</p> <p>2. Review of the closed clinical record for Resident #6 included diagnoses of hypertension, diabetes, congestive heart failure, hyperlipidemia, and coronary artery disease. Review of the MDS dated 11/16/05 documented the resident had impaired short term memory and cognitively impaired for decision making. The MDS further documented the resident required the assistance of one staff for ADLs such as transfer, dressing, and bathing.</p> <p>Review of abnormal lab values with no physician response as follows:</p> <p>December 6, 2005</p> <p>Chloride 96 normal</p>	F 281	<p>The director of nursing or designee will monitor this. This will be monitored it daily for two weeks and randomly thereafter. The information will be reported to the quality assurance committee for review. Revisions will be made as necessary.</p>	

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F 281	<p>Continued From page 2</p> <p>value 98-107 Carbon Dioxide 34 normal</p> <p>value 22-29 Glucose 69 normal</p> <p>value 75-105 BUN 101 normal</p> <p>value 6-20 Calcium 8.2 normal</p> <p>value 8.8-10.5 Digoxin 2.4 normal</p> <p>value 0.8-2.0</p> <p>The Digoxin level was completed on December 7, 2005. The resident received the same every other day dose of Digoxin four times with an elevated level. On December 13, 2005, the facility received a physician's order to hold the Digoxin and draw a new Digoxin level on December 20, 2005.</p> <p>3. Review of the clinical record for Resident #9 revealed diagnoses of cerebrovascular accident with left sided hemiparesis. The MDS dated 10/14/05 documented long and short term memory impairment and cognitively impaired to make decisions. The MDS further documented Resident #9 required the assistance of one staff member for ADLs such as transfer, dressing, eating, and bathing.</p> <p>Review of abnormal lab values with no Physician response as follows:</p> <p>August 16, 2005</p> <table> <tr> <td>Digoxin</td> <td>0.7 normal</td> </tr> <tr> <td>value 0.8-2.0</td> <td></td> </tr> <tr> <td>PROTIME (PT)</td> <td>27.4 normal</td> </tr> <tr> <td>value 9.0-12.0</td> <td></td> </tr> <tr> <td>INR</td> <td>2.7 normal value</td> </tr> <tr> <td>0.9-1.2</td> <td></td> </tr> </table>	Digoxin	0.7 normal	value 0.8-2.0		PROTIME (PT)	27.4 normal	value 9.0-12.0		INR	2.7 normal value	0.9-1.2		F 281		
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F 281	<p>Continued From page 3</p> <p>The facility received an order for the PT and INR on August 16, 2005 at 2:20 p.m. During an interview on 12/28/05 at 12:20 p.m. Staff B stated the physician addressed the PT/INR, "but we didn't even have the Dig and Potassium here." The physician's office faxed a copy of the August 16, 2005 labs on December 28, 2005 per surveyor's request to view the lab results.</p> <p>On December 27, 2005 at 1:45 p.m., the DON stated the facility tried to call back on most faxes or refax to see if there are any new orders. When asked how the facility knows if the Physician received a fax if there is no response, the DON responded, "I guess we don't" and most physicians fax back. The DON further stated the practice by the physicians is to fax back if there are orders and if no orders the physician will initial the lab and file in the resident's clinic chart.</p> <p>Copies of all above requested labs were received from the physician's office per fax on December 27 and 28, 2005 with the initials of the attending physician.</p>	F 281		