

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>435091</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/14/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN SOCIETY TRIPP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 N DOBSON ST</b> <b>TRIPP, SD 57376</b>		
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F 000	INITIAL COMMENTS  Surveyor: 29162 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 8/13/13 through 8/14/13. Areas surveyed included quality of care and treatment, nursing services, and resident assessment. Good Samaritan Society Tripp was found not in compliance with the following requirement: F281.	F 000	Addendums noted with an asterisk per 9/11/13 telephone to facility administrator and DON.  MP/SDDOH/JJ		
F 281 SS=G	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Surveyor: 29162 Based on record review, interview, and policy review, the provider failed to ensure professional standards were maintained by one of one licensed practical nurse (LPN) (A) for one of four sampled residents (4) with diabetes. Findings include:  1. Review of resident 3's complete electronic medical record (EMR) on 8/13/13 from 12:30 p.m. through 5:00 p.m. and on 8/14/13 from 8:15 a.m. through 11:30 p.m. revealed he: *Had a diagnosis of type II diabetes. *Had an episode of low blood glucose (sugar in the blood) on 5/14/13. -That blood glucose had been 37. -Registered nurse (RN) B nurse's progress notes on 5/14/13 at 9:40 a.m., late entry, stated "noted the resident to be more lethargic (sluggish, slow	F 281	a. Unable to change the events of 06/29/13 with resident #3. b. Blood glucose levels for resident # 3 are now assessed twice a day (BID) with orders to hold insulin if blood glucose levels (FSBS) are below 70 and to notify primary care physician or on-call physician if FSBS levels are above 350 for further orders regarding insulin administration and further monitoring of FSBS. c. All residents with a diagnosis of diabetes and using insulin will be monitored closely by nursing staff if or when meals are refused or late for signs and symptoms of hypoglycemia. Insulin will not be administered to any resident more than 15 minutes prior to a meal. (continue page 2)	10/03/13	

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

TITLE

(X6) DATE

*[Signature]* Admin 9/3/13

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 281	Continued From page 1 to respond, decreased alertness) blood sugar was 37. Resident was talking but cool and clammy. Phoned Dr. _____ and received order for glucagon injection roughly about 15 minutes later about 57 (blood glucose) then resident ate a donut, cereal, coffee and orange juice. Blood sugar 124." -The resident had been transferred to the hospital at 3:00 p.m. on 5/14/13 for observation due to excess fluid on the lungs per nurse's progress note at 5:31 p.m. made by the director of nurses (DON). *Had a second episode of low blood glucose on 6/29/13. -That blood glucose had been 22. -LPN A's progress notes on 6/29/13 revealed: --7:45 a.m., late entry, "Resident is resting quietly in bed. Resident is alert and verbally responding appropriately. Skin warm and dry." --8:45 a.m., late entry, "Resident is in dining room for breakfast. Certified nurse aide (CNA) reported that resident refused to allow dentures be placed in mouth. Resident is alert CNA reported that resident was aggressive with AM cares with verbal outbursts. This nurse attempted to persuade resident to put dentures in mouth. Resident just looked at this nurse, refusing dentures. Food at table. This nurse attempted to give resident part of his banana and bite of cereal. Resident refused." --9:27 a.m., late entry, "Resident lethargic at this time. Will attempt to offer later." ---There had not been a nursing evaluation identified in the resident's EMR that would have indicated an attempt to determine the cause of the lethargy. --9:30 a.m., late entry, "Resident refused RX (medications) for both nurse and med aide. Med aide stated that this occurred yesterday and	F 281	d. (continued from page 1) A nursing staff in-service was held 09/03/13 (included licensed nurses, certified nursing assistants/nursing assistants, and medication aides). The director of nursing services (DNS) along with input from the medical director and pharmacy consultant, re-educated staff to the following: signs and symptoms of hypoglycemia and hyperglycemia; treatment of hyper/hypoglycemia; insulin administration and storage policy and procedure; types of insulin along with action, peak times, side effects, etc; and blood glucose monitoring policy and procedure. e. The DNS or designee will audit/observe <sup>*insulin</sup> all residents who receive administration to assure the medication is being given according to policy and procedure. This will be completed weekly for 4 weeks then monthly for 3 months. The DNS or designee will (continue page 3) <i>MPLSDAOH/JJ</i>		

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F 281	<p>Continued From page 2</p> <p>resident took all Rx with his 1000 (10:00 a.m.) Rx. Med aide will attempt this approach today. Resident sitting in w/c with eyes closed." --10:56 a.m., late entry, "Resident non-responsive. Diaphoretic (sweating). Blowing respirations. Vitals WNL (within normal limits). FSBS 22. (blood sugar test). Son, _____, in room with his family. --11:00 a.m., late entry, "Order received to give glucagon injection now. Rx given. Assisted to bed by way of total lift. Son at bedside." --12:05 a.m., late entry, "This nurse remained at resident's bedside, taking FSBS at various times. See vitals section for results. Resident is slow to respond to glucagon injection. Sips of juice offered but not alert enough to accept. Dr. _____ updated. To repeat Glucagon injection at this time and call him before giving PM insulin. Glucagon injection given." --13:15 (1:15 p.m.), late entry, "See vitals section for FSBS's. At this time FSBS is 78. Resident is alert and responding. Skin warm and dry. Resident accepted serving of ice cream, 4 oz juice and 1/2 of banana. Resident accepting of morning Rx at this time. Son at bedside." --15:20 (3:20 p.m.) "Rx not given d/t (due to) lethargy." ---There had not been a nursing evaluation identified in the resident's EMR that would have indicated an attempt to determine the cause of the lethargy. *Per the resident's medication administration record he had received Novolog 70/30 insulin 20 units at 7:00 a.m. on 6/29/30.</p> <p>Interview on 8/14/13 at 11:00 a.m. with LPN A with the DON present revealed she: *Thought she had administered resident C's insulin at approximately 7:30 a.m.</p>	F 281	<p>(continued from page 2)</p> <p>audit/observe blood glucose testing to assure the procedure is followed correctly. This will be done once a week for 4 weeks then once a month for 3 months. The DNS or designee will audit/observe diabetic residents during the breakfast<sup>*</sup> and midday meals weekly for 4 weeks then monthly for 3 months to ensure the meal is given within 15 minutes of insulin administration and that the resident consumes the meal. If the meal is not consumed, the resident will be assessed with vital signs, blood glucose testing, and observed for mental status changes by a licensed nurse. The DNS or designee will also review documentation to ensure assessments were complete. The DNS or designee will report the audit/observation findings to the quality assurance (QA) committee monthly and the QA committee will determine if further education or auditing is necessary.</p>		

All residents who receive insulin will be monitored. mp/sooH/JJ

\*and midday meals mp/sooH/JJ

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F 281	<p>Continued From page 3</p> <p>*Stated Novolog 70/30 insulin peaks at two hours and acts after fifteen minutes. It should be given fifteen minutes before meals.</p> <p>*Resident 3: -Had refused to eat breakfast in the dining room. -Would have been returned to his room by assistance of either staff or a volunteer. She had been unsure which one. -Would have been assisted to return to his room because breakfast had been over.</p> <p>*Stated she had not thought he had been experiencing low blood sugar. She stated she thought it had been one of his "episodes or behaviors he has" and had not considered evaluating him for low blood sugar.</p> <p>*Stated when I look back now I can see that it might have been low blood sugar.</p> <p>*Stated lethargic means tired or sleepy.</p> <p>*Had been unsure if he had responded to her verbally or not at 9:27 a.m.</p> <p>*Had not received a report from staff from 9:27 a.m. through 10:56 a.m. regarding the resident. He had been observed sleeping in his chair.</p> <p>Interview with the DON on 8/14/13 at 11:00 a.m. with LPN A present revealed she: *Had not been sure if she had known of resident 3's low blood glucose on 5/14/13. *Stated that based on how he was she probably would not have thought any differently than LPN A. He most likely had an infection coming on. *Had not conducted any formal education with the nursing staff regarding insulin use and blood glucose monitoring and evaluations. *Stated she had some conversations in the halls with different nurses about what to look for and do in the event of a possible low blood glucose. *Had not identified an area of concern at that time</p>	F 281		
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F 281	Continued From page 4 to involve quality assurance.  From: <a href="http://www.novo-pi.com/novologmix7030.pdf">http://www.novo-pi.com/novologmix7030.pdf</a> Novolog Mix 70/30: --- DOSAGE AND ADMINISTRATION --- Only for subcutaneous injection (2.1). Type 1 DM: dose within 15 minutes before meal initiation. Type 2 DM: dose within 15 minutes before or after starting a meal. --- WARNINGS AND PRECAUTIONS --- Hypoglycemia is the most common adverse effect of insulin therapy. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin dose should be made cautiously and only under medical supervision. --- ADVERSE REACTIONS --- Adverse reactions observed with insulin therapy include hypoglycemia. DOSAGE AND ADMINISTRATION NovoLog® Mix 70/30 has a faster onset of action than human insulin premix 70/30 and should be dosed within 15 minutes before meal initiation for patients with type 1 diabetes. For patients with type 2 diabetes, dosing should occur within 15 minutes before or after meal initiation. Hypoglycemia is the most commonly observed adverse reaction in patients using insulin, including NovoLog® Mix 70/30. Hypoglycemia is the most common adverse effect of insulin therapy, Severe hypoglycemia may lead to unconsciousness and/or convulsions and may result in temporary or permanent impairment of brain function or even death. Severe hypoglycemia requiring the assistance of another person and/or parenteral glucose infusion or glucagon	F 281			

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F 281	<p>Continued From page 5</p> <p>administration has been observed in clinical trials with insulin, including trials with NovoLog® Mix 70/30.</p> <p>Review of the provider's June 2013 Charge Nurse-LPN/LVN policy revealed the LPN provides care to assigned residents in a caring, safe, and efficient manner; and was responsible to perform the following according to Good Samaritan mission, center/campus standards, procedures, and individualized resident care plans:</p> <p>*Resident Care:</p> <ul style="list-style-type: none"> <li>- Assists with formulation a plan of care for residents in pertinent area. Provides nursing care according physician's orders and regulations.</li> <li>-Accommodates residents' needs through responding appropriately to residents' verbal/nonverbal expressions of needs. Assures residents' spiritual needs are met by willing employees (self or others).</li> </ul> <p>*Knowledge:</p> <ul style="list-style-type: none"> <li>-Minimum requirements to be hired into that job include the basic ability to communicate and comprehend. The ability to measure and comprehend certain quantities. The knowledge of basic nursing skills. The knowledge and familiarity with the therapeutic effects and side effects of all medications administered.</li> </ul> <p>*From: <a href="http://medical-dictionary.thefreedictionary.com/lethargy">http://medical-dictionary.thefreedictionary.com/lethargy</a></p> <ol style="list-style-type: none"> <li>1. A lowered level of consciousness such as listlessness, drowsiness, and apathy.</li> <li>2. A condition of indifference.</li> </ol> <p>Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. © 2003 by Saunders.</p> <p>Lethargy</p>	F 281			

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F 281	<p>Continued From page 6</p> <p>Neurology a level of consciousness characterized by decreased or lowered interaction with persons or objects in the environment; sluggishness, abnormal drowsiness, stupor McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.</p> <p>From: <a href="http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&amp;Statute=36-9-4">http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&amp;Statute=36-9-4</a> "36-9-4. Scope of licensed practical nursing practice. As used in this chapter, the practice of licensed practical nursing means: (1) The performance of any acts in the care, treatment, or observation of the ill, injured or infirm; (2) Maintenance of health of others and promotion of health care; (3) Assisting with health counseling and teaching; and (4) Applying procedures to safeguard life and health, including the administration of medications and treatments consistent with the practical nurse's education and preparation under the direction of a physician licensed or exempt from licensing pursuant to chapter 36-4, dentist or registered nurse." Source: SL 1949, ch 109, § 1; SL 1955, ch 91, § 2; SDC Supp 1960, § 27.0902 (4); SL 1967, ch 101, § 2 (2) (b); SL 1972, ch 204, § 2; SL 1976, ch 228, § 5.</p>	F 281			