

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

PRINTED: 11/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2011
NAME OF PROVIDER OR SUPPLIER LAKE PARK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3315 FAITH CHURCH RD INDIAN TRAIL, NC 28079	
(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 322 SS=D	<p>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, manufacturer's recommendations, and staff interviews, the facility failed to administer a tube feeding formula in a manner that reduced bacteria contamination for one (1) of two (2) sampled residents. Resident #1.</p> <p>The findings are: Review of the manufacturer's information related to hang time for Diabetic Source feeding formula used in open systems revealed "For a commercially sterile liquid formulas decanted (poured) from a can or brik pak, an 8-hour hang time is recommended." The information also stated "This information also indicates that the bag and administration set should be flushed with water before adding additional formula."</p> <p>Resident #1's diagnoses included Diabetes, status post stroke, and tube feeding dependency. Current physician orders for October 2001 included continuous Diabetic Source at 55 ml per hour.</p>	F 322	<ol style="list-style-type: none"> Resident #1 tube feeding bag was changed every 8 hours starting at 4pm on 10/25/11. Ready to hang tube feeding was delivered and started at 10 am on 10/26/11. All other residents requiring tube feeding were assessed and found to have adequate supply of ready to hang tube feeding in house. All licensed nursing staff was in-serviced by the Staff Development Nurse regarding open tube feeding systems. This included the proper procedure recommended by the manufacturer for an open system. This was completed by 10/26/11. All new licensed nurses will be trained during orientation. 	

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

TITLE

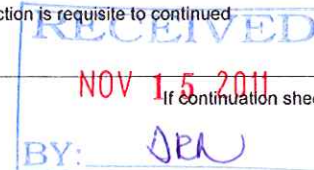
(X6) DATE

[Signature]

Administrator

11/14/11

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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NAME OF PROVIDER OR SUPPLIER LAKE PARK NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3316 FAITH CHURCH RD INDIAN TRAIL, NC 28079		
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F 322	Continued From page 1 Observations on 10/25/11 at 6:34 AM revealed Resident #1 was in bed with continuous tube feeding in place and running at 55 ml per hour. The formula was being administered via an open system (a plastic bag that is filled via staff with cans of formula then administered via a pump). Observation at this time revealed the bag contained approximately 525 ml of formula. The handwritten label indicated the bag was hung on 10/24/11 with Diabetic Source formula. The label indicated the bag was initially filled with 700 ml at 0300 (3:00 AM) and at 0530 (5:30 AM) 500 ml of formula were added. Observations made on 10/25/11 at 7:51 AM revealed Resident #1's tube feeding bag had been changed at 0700 (7:00 AM) and a new bag was hung and filled with 500 ml of Diabetic Source per the handwritten label. The nurse supervisor was present and stated the bag was changed by Licensed Nurse (LN) # before her night shift ended. A telephone interview with LN #1 was conducted on 10/25/11 at 8:28 AM. LN #1 stated that normally the facility has closed system tube feedings (a prefilled plastic bottle of tube feeding that staff open and immediately hang in which feeding cannot be added by staff.) LN #1 stated the facility ran out of the prefilled tube feeding formula for Resident #1 so they were using the open system. LN #1 stated she added Diabetic Source to the existing formula already in the bag at 5:30 AM this morning. LN #1 stated she then questioned the nurse supervisor about adding formula to existing formula and via that conversation, she changed the bag before	F 322	4. All residents with tube feeding will be monitored daily, by Director of Nursing or designee to ensure that the ready to hang tube feeding is in stock. If ready to hang tube feeding is not available, it will be documented on the medication administration record that the open system bag is rinsed every 8 hours and changed every 24 hours until the ready to hang supply is obtained. This will be done daily for 3 months. The audits will be reviewed in the monthly Quality Improvement meeting for 3 months. Any incidents of non-compliance will extend the audit process. 5. All corrective action was completed by 11/2/11.		

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F 322	<p>Continued From page 2 leaving.</p> <p>Observations on 10/25/11 at 8:35 AM revealed a new open system in place with 400 ml in the bag. The nurse supervisor was in the room and stated she changed the system out with a new system due to pump problems and she stated she put in about a can and a half of formula. The new label indicated 400 ml was initially put in the bag at 8:30 AM. At 10:40 AM, the tube feeding which was running at 55 ml per hour was noted to have just under 300 ml of formula left in the bag. At 1:41 PM observations revealed Resident #1's tube feeding was still running at 55 ml per hour. The open system noted at 1300 (1:30 PM) 280 ml of formula was added to the bag. The amount in the bag at this time revealed approximately 375 ml of formula was in the bag being administered to Resident #1.</p> <p>On 10/25/11 at 1:45 PM, interview with LN #2, whose initials indicated she added formula at 1:30 PM, revealed she had added additional formula to Resident #1's already existing formula in the bag. LN #2 stated that it was her understanding that new formula could be added to existing hanging and running formula as long as the entire system (bag and tubing) was changed every 24 hours.</p> <p>Interview on 10/15/11 at 2:20 PM with the Staff Development Coordinator (SDC) and the nurse supervisor revealed staff should not be adding new formula to existing formula in an open tube feeding system. The SDC was unable to provide a facility policy regarding filling open tube feeding systems.</p>	F 322			

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F 322	Continued From page 3 Interview with the Director of Nursing (DON) on 10/25/11 at 3:20 PM revealed she was unaware that fresh formula should not be added to existing formula when using open tube feeding systems because the open system was changed out every 24 hours.	F 322			