

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

PRINTED: 03/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145841	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2013
NAME OF PROVIDER OR SUPPLIER PARKWAY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3116 WILLIAMSON COUNTY PARKWAY MARION, IL 62959		
(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	F 000			
F 282 SS=D	<p>CMS-2567 under F000</p> <ul style="list-style-type: none"> - Complaint # 1350617/IL61638 - F282 and F353 - Complaint # 1350644/IL61663 - No deficiency - Complaint # 1350799/IL 61849 - No deficiency - Complaint # 1350827/IL61882 - No Deficiency <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow physician orders for management and maintenance of a Peripherally Inserted Central Catheter/PICC Line for 1 of 2 residents (R5) reviewed for PICC Line in the sample of 12.</p> <p>Findings include:</p> <p>R5 was admitted to this facility on 1/31/2013 according to facility admission records of that date. R5's diagnoses include; Urinary Tract Infection, Bilateral Hydronephrosis, Atrial Fibrillation and Blocked Right Bundle Branch, according to the Physician Order Sheet of 1/31/2013. Physician Orders on 2/13/2013 for management and maintenance of the PICC Line</p>	F 282			
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 282	Continued From page 1 are (1) Vancomycin 1.5 gm IV daily x 4 weeks from 2/8/2013 for Urinary Tract Infection, PER RN, (2) Flush Power PICC to RUE q 12 with NS et 3cc Heparin twice daily at 6 A.M. and 6 P.M. Review of the facility staffing records for 2/16/2013 and 2/17/2013 note there was not a registered nurse/RN scheduled to work to perform the power flush of the PICC Line for the 6 P.M. time on 2/16/2013. Review of the facility's policy/procedures titled PICC Flushing, and PICC Dressing Changes dated 1/15/2004 note these activities are to be performed by "Licensed nurses according to state law and facility policy". Per interview of E4 (Licensed Practical Nurse) on 3/12/2013 at 10:43 A.M., E4 stated she did not perform the power flush to R5's PICC Line on 2/16/2013 as that activity was not within her scope of legal duties and responsibilities. Per interview with E2 (Director of Nurses), on 3/12/2013 at 1:00 P.M., E2 stated only RN's are to perform care and maintenance of PICC Lines. During this interview E2 also confirmed that after reviewing the nurse staffing schedule for 2/16/2013 there was not a RN scheduled to work that period, therefore there was no appropriate staff available to perform R5's power flush to his PICC Line during the 6 P.M. period on 2/16/2013, and the PICC Line was not flushed per physician orders.	F 282			
F 353 SS=D	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as	F 353			

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F 353	<p>Continued From page 2 determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to have appropriate staff available to work and to manage and maintain a Peripherally Inserted Central Catheter/PICC Line for 1 of 1 resident (R5) reviewed for PICC Line in the sample of 12.</p> <p>Findings include:</p> <p>R5 was admitted to this facility on 1/31/2013 according to facility admission records of that date. R5's diagnoses include; Urinary Tract Infection, Bilateral Hydronephrosis, Atrial Fibrillation and Blocked Right Bundle Branch, according to the Physician Order Sheet of 1/31/2013. Physician Orders on 2/13/2013 for management and maintenance of the PICC Line</p>	F 353			

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F 353	<p>Continued From page 3</p> <p>are (1) Vancomycin 1.5 gm IV daily x 4 weeks from 2/8/2013 for Urinary Tract Infection, PER RN, (2) Flush Power PICC to RUE q 12 with NS et 3cc Heparin twice daily at 6 A.M. and 6 P.M. Review of the facility staffing records for 2/16/2013 and 2/17/2013 note there was not a registered nurse/RN scheduled to work to perform the power flush of the PICC Line for the 6 P.M. time on 2/16/2013. Review of the facility's policy/procedures titled PICC Flushing, and PICC Dressing Changes dated 1/15/2004 note these activities are to be performed by "Licensed nurses according to state law and facility policy".</p> <p>Per interview of E4 (Licensed Practical Nurse) on 3/12/2013 at 10:43 A.M., E4 stated she did not perform the power flush to R5's PICC Line on 2/16/2013 as that activity was not within her scope of legal duties and responsibilities.</p> <p>Per interview with E2 (Director of Nurses), on 3/12/2013 at 1:00 P.M., E2 stated only RN's are to perform care and maintenance of PICC Lines. During this interview E2 also confirmed that after reviewing the nurse staffing schedule for 2/16/2013 there was not a RN scheduled to work that period, therefore there was no appropriate staff available to perform R5's power flush to his PICC Line during the 6 P.M. period on 2/16/2013, and the PICC Line was not flushed per physician orders.</p>	F 353			