

F HEALTH AND HUMAN SERVICES
 MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011
 FORM APPROVED
 OMB NO. 0938-0391

AGENCY IDENTIFICATION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2011
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NAME OF PROVIDER/SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COUNTY REHAB CENTER LLC	110 FAIRFAX ROAD ST ALBANS, VT 05478

(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
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F 000

INITIAL COMMENTS

F 000

An unannounced on-site recertification survey was conducted by the Division of Licensing and Protection on 04/04/11 - 04/06/11. The following are regulatory findings.

F 279
SS=D

483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS

F 279

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced by:

Based on record review and interview the facility failed to develop comprehensive care plans for 1 of 9 applicable residents (Resident #123).

Findings include:

Per observation and interview on 04/05/11 at 11:49 AM, Resident #123 stated to the nurse

F 279 – Develop comprehensive care plans

- Resident #123 activity related care planning
The activities director will review all activity assessments for patients with sensory deficits. The activities director will create a comprehensive care plan to address specific interventions related to sensory deficits. The MDS coordinator will review all care plans to insure patients with sensory deficits have been adequately care planned for.

Date of Correction 4/27/2011

*F279 POC Accepted 5/15/11
S. Emmons RN / Amcote RN*

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 279 Continued From page 1
surveyor that s/he doesn't participate in activities or get out of the room much because of a related eye condition, and stated "hopefully I can get books on tape". Per record review on 04/05/11 there was no comprehensive care plan to address specific interventions related to activities. The care plan for self-care deficit and falls listed basic safety measures related to the eye condition. Per interview on 04/06/11 at 3:30 PM the Unit Manager and the Activities Director confirmed there was no comprehensive care plan to address the needs, likes or interventions for this resident's activities preferences.

F 279

F 280 SS=D 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

F 280

F 280 – Care planning
1. The facility is requiring all licensed staff to attend an inservice on care plan processes with emphasis on updating for new problems. Quality assurance department will be doing quarterly studies to assure compliance with care planning policy.
Date of Correction 5/6/2011

*F280 POC Accepted 5/5/11
S. ENUNOUS RN / P. MORTON RN*

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F 280 Continued From page 2

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the facility failed to revise the care plan to reflect a change in condition for 1 applicable resident (Resident #88). Findings include:

1. Per record review on 4/4/11 at 1:00 PM, for Resident #88, who was admitted on 2/8/11 with intact skin, there was no care plan revision with goals/interventions or a treatment plan after the resident acquired two Stage 2 pressure sores on his/her buttocks on 3/26/11. Per interview on 4/5/11 at 11:30 AM, the staff nurse who first identified these pressure sores confirmed that since s/he was the first to identify the pressure sores for Resident #88, s/he would have been expected to revise the care plan at that time, but failed to do so.

F 280

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
SS=E

F 281

The services provided or arranged by the facility must meet professional standards of quality.

F 281 – Services Provided Meet Professional Standards

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interviews, the facility failed to assure that staff met professional standards of quality during medication administration for 2 residents in the total sample. (Residents #11, 71) Findings Include:

1. Inservice will be given to staff informing them of a change of policy that if a pill needs to be cut because it is not scored the nurse must notify the MD before administering. Inservice with nursing staff on importance of calling medications into pharmacy on the day when they were ordered.

CONT. NEXT PAGE

1. Per observation on 4/4/11 at 11 AM during a medication administration pass with the staff nurse, for Resident # 71, the nurse administered a dose of an antibiotic that had been cut in half by

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F 281	<p>Continued From page 3</p> <p>the pharmacy. The pill had a hard outer coating, no scoring on the tablet for cutting and had jagged, uneven edges after being cut and it was not given with food. (to enhance absorption) In addition, three vitamins were administered to Resident # 71 at 11:00 AM, although the MAR (Medication Administration Record) had the medications scheduled to be given at 8 AM. The MAR stated two of the three vitamins were to be "given with meals" although this surveyor observed the resident taking the vitamins with a glass of water.</p> <p>Directly after the staff nurse administered the above medications, s/he confirmed that the medications for Resident # 71 were not administered at 8 AM (per the MAR) and stated that s/he was unable to administer all of the med's at 8 AM because there was a ' large volume of meds that needed to be administered at 8 AM on that wing.' In addition, s/he was unable to assure that Resident # 71 was getting the physician ordered dose of the antibiotic because the unscored pill had been cut in half and had jagged edges.</p> <p>2. Per observation on 4/4/11 at 11:20 A.M. during the medication administration pass, for Resident # 11, the MAR had a vitamin and an Alzheimer's medication scheduled to be administered at 8 AM but they were administered at 11:20 AM. In addition, the staff nurse was unable to administer 2 additional vitamins that were prescribed because the medications were not in the resident's medication drawer.</p> <p>The staff nurse confirmed that the vitamin and Alzheimer medication was not administered per</p>	F 281	<p>Quality assurance department will do a study of all medication procedures quarterly for two quarters.</p> <p>Date of Correction 5/6/2011</p> <p><i>F281 POC Accepted 5/5/11 S. Emmons RN / P. Mcoturn</i></p> <p>2. Quality assurance study will be done to insure all medications are given within the scheduled time with the prescribed method. All professional nursing staff will be required to watch inservice videos on medication administration and medication orders.</p> <p>Date of Correction 5/6/2011</p>

*F281 POC Accepted 5/5/11
S. Emmons RN / P. Mcoturn*

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F 281 Continued From page 4 F 281

the MAR (scheduled for 8 AM) and that the other 2 vitamins could not be administered because the facility staff had failed to order the medications from the pharmacy when prescribed by the physician 2 days earlier.

Per interview with the DNS (Director of Nursing Services) immediately after the medication administration, s/he confirmed that the staff nurse did not administer the medications at the time specified by the MAR, that the 2 vitamins should have been administered with food and that the accuracy of the dosage of the antibiotic could not be assured because the unscored tablet had been cut in half. In addition, she confirmed that when a new medication is ordered by a physician, staff are expected to call or fax the new order to the pharmacy.

Nursing 2010 Drug Handbook Lippincott Williams & Wilkins: For Vantin (Antibiotic) states, 'Give with food to enhance absorption.'

Granite Pharmacy Preparation and General Guidelines for Medication Administration (revised 5/10) provided to the facility states, 'Since unscored tablets may not be accurately broken, their use is discouraged if a suitable alternative is available,' and 'medications are administered within 60 minutes of scheduled time except before or after meal orders, which are administered based on mealtimes.'

F 309 483.25 PROVIDE CARE/SERVICES FOR F 309
SS=D HIGHEST WELL BEING

Each resident must receive and the facility must provide the necessary care and services to attain

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F 309	<p>Continued From page 5</p> <p>or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide the necessary care and services to attain the highest practicable well-being for 1 applicable resident regarding skin care. (Resident #123) Findings include:</p> <ol style="list-style-type: none"> 1. Per observation during initial tour on 04/04/11 at 3:30 PM, Resident #123 had a red rash/rough skin noted on the chin area. The Resident stated 'oh it burned/itched but its getting better' and said that a family member applied an Avon product for hair removal several days ago. Per record review on 04/05/11 at 4:47 PM, there was no assessment for skin irritation nor a nursing note regarding the facial skin issue. Per interview at 10:15 AM on 04/06/11, the LNA stated that usually the LNA's would check the skin on bath day, however OT (Occupational therapy) "is working with the resident for bathing and washing". Per interview on 04/06/11 at 10:38 AM the Occupational Therapist stated that s/he'd been working with Resident #123 on washing and bathing, however denied seeing a rash. Per interview at 11:00 AM, the staff nurse said s/he was not aware of the reddened chin area nor use of a product by the family. After being brought to the attention of the facility by the nurse surveyor, medicated cream will now be applied to the red chin area. Per interview at 11:35 AM on 04/06/11 	F 309	<p>F 309 – The occupational therapy staff will be inserviced by their supervisor on Franklin County Rehab Center's skin policy. LNA's will be inserviced on the importance of the skin policy to ensure they recognize the importance of reporting skin issues to charge nurse. Date of Correction 5/6/2011</p> <p><i>F309 PDC Accepted 5/5/11 S. Emmons RN / Director</i></p>	

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F 309 Continued From page 6
the DNS confirmed that care and services was not provided to this resident for the reddened area.

F 309

F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
SS=E

F 323

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

F 323 – Free of accident/hazards/supervision/devices
1. The facility has evaluated and changed to improve the tab and bed alarm policy. The nursing staff will be inserviced on this revision.
The DNS will review all patient incident reports to ensure policy is followed.
Date of Correction 5/6/2011

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to ensure the resident's environment is as free of accident hazards as possible and the facility failed to use a preventative device correctly to prevent an accident for 1 applicable resident (Resident #123). Findings include:

1. Per record review on 04/05/11 at 4:30 PM, Resident #123's chart noted a fall on 04/02/11. Review of the resident's care plan dated 3/25/11 for Falls directed staff to maintain safety, call bell in reach, siderails for safety, alarm systems (as noted specifically on the LNA care plan for bed, chair and tab alarms) as well as other preventative measures. Per review of the incident report and nursing note of 04/02/11 on 11-7 shift, it stated the resident had to go to the bathroom and "the bed alarm did not go off, no injuries". Per review of the LNA ALARM DOCUMENTATION sheet on evening shift of

See next page

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F 323

Continued From page 7
04/01/11 - 04/02/11, the bed alarm/batteries were not checked by 2 LNAs, as well as not being consistently checked on the night shifts of 04/02 -04/05/11 and days shift of 04/02 -04/04/11.

F 323

Per interview on 04/06/11 at 8:30 AM the Resident stated that "the bed alarm never went off and I wouldn't remove it, although it screeches, its important". Per interview with the DNS at 8:45 AM and the subsequent telephone interview with the LNA, stated that the bed alarm was not working at that time, as the battery was not working. The DNS confirmed the bed alarm was not adequately monitored nor working properly at the time of the Resident's fall.

2. Per observation during the initial tour of the facility on 4/4/11 at 9:45 AM the unlocked whirlpool/tub room on the Maplewood Wing and the unlocked soiled utility room had sanitizers/deodorizers/ant & roach spray and spray disinfectant found on the floor, counter and in unlocked cabinets under the counter. In the whirlpool/tub room, there was a half sprayer bottle filled with a sanitizer called Ecolab TB/Disinfectant/Deodorizer cleaner that was placed on the floor next to the whirlpool tub. In the soiled utility room, there was a spray bottle filled with a product called 'A428' which had the following information written on the bottle, "Do not Swallow' and 'Keep out of Reach of Children.' In addition, under the unlocked cabinet, there was a can of Raid Ant & Roach killer and a canister of Lysol Disinfectant.

Per interview at 9:50 AM with an LNA (licensed nursing assistant) working on the Maplewood wing, s/he confirmed that the whirlpool/tub room as well as the soiled utility room was kept

2. Chemicals not out of reach of residents
All stored chemicals will be placed in a cabinet or on a shelf out of the reach of residents. This will be spot checked on rounds by the maintenance supervisor and the laundry/housekeeping supervisor for to ensure compliance.

Date of correction 4/27/2011

*F323 POC Accepted 5/5/11
S. Emmons RN / JMcArthur*

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F 323	Continued From page 8 unlocked during the day shift and s/he confirmed the observations that this surveyor had made. In addition she confirmed that there were residents 'who wandered' at the facility.	F 323		
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE	F 332		
	<p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews for the Medication Pass Observation(s) for the 3 days of survey, 11 residents were observed receiving a total of 54 medication opportunities. There were 7 medication errors found for 2 of 11 residents in the sample (Residents #11 & 71) which equaled a 12.96% medication error rate. Findings Include:</p> <ol style="list-style-type: none"> 1. During an observation of a medication pass on 4/4/11 at 11:00 A.M. for Resident #71, the staff nurse failed to give 2 of the medications (vitamins) with food, although the MAR stated that the vitamins should be 'Given with Meals.' In addition, per the MAR, these 2 meds were scheduled to be given at 8 A.M. and were administered by the nurse at 11:00 A.M. In addition, an antibiotic was administered that had been cut in half, even though it was a caplet, was not scored, and had jagged edges where it was cut so the dosage could not be assured and it was not administered with food for better absorption. 2. During an observation on 4/4/11 at 11:20 A.M. 		<p>F 332 – Med error rates of 5% or more</p> <ol style="list-style-type: none"> 1. Inservice will be given to staff informing them of a change of policy that if a pill needs to be cut because it is not scored the nurse must notify the MD before administering. Inservice with nursing staff on importance of calling medications into pharmacy on the day when they were ordered. Quality assurance department will do a study of all medication procedures quarterly for two quarters. <p>Date of Correction 5/6/2011</p> <p style="text-align: right;">2. ON NEXT PAGE</p>	

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F 332

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with the same staff nurse for Resident #11, the nurse administered 2 medications, a vitamin and an Alzheimer's drug, at 11:20 A.M. instead of the scheduled time of 8 A.M. (per the MAR). In addition, there was another vitamin and one herbal supplement which had been scheduled to be given at 8 A.M. When the nurse attempted to administer those medications at 11:20 A.M. s/he was unable to do so because the medication was unavailable in the resident's medication drawer.

Per interview with the staff nurse directly after the med pass observation, s/he confirmed that Resident #71 received their vitamins at 11:00 A.M. instead of 8 A.M. and they were not given with food.
S/he also confirmed that the antibiotic administered to the resident was not given with food, it had been cut in half though it was an unscored tablet, had jagged edges after being cut, therefore the correct dosage could not be assured.

During the same interview, for Resident #11, the staff nurse confirmed that 1 vitamin and the Alzheimer's drug was given at 11:20 A.M. instead of 8 A.M. In addition, s/he confirmed that the other 2 vitamins that were held were done so because staff nurse(s) failed to order the medication (from the pharmacy) 2 days prior, when the physician had ordered the medications.

F 371

483.35(i) FOOD PROCURE,
SS=E STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and

F 332

2. Quality assurance study will be done to insure all medications are given within the scheduled time with the prescribed method.
All professional nursing staff will be required to watch inservice videos on medication administration and medication orders.
Date of Correction 5/6/2011

*F332 POC Accepted 5/5/11
S. Emmons RN / D. McCotran RN*

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F 371	<p>Continued From page 10</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain safe and sanitary food storage practices. Findings include:</p> <ol style="list-style-type: none"> 1. During the initial tour of the facility on 4/4/11 at 9:52 AM, the following food items were observed with the Food Service Director: <ol style="list-style-type: none"> a) one open and uncovered, multi-serving box of hot cereal mix (potentially allowing contamination prior to the next serving preparation) in the kitchen's dry food storage area. b) 2 separate bowls of tossed salad, covered with clear plastic wrap, each unlabeled and undated; 3 separate bowls of salad dressing, out of the original containers and covered with clear plastic wrap, each unlabeled and undated; one bowl of grated cheese in a dish covered with clear plastic wrap, unlabeled and undated, was observed in the kitchen's walk-in cooler. <p>In addition, on 4/5/11 at 10:30 AM, the Food Service Director provided this surveyor with a copy of the facility's written Labeling Policy (Effective 10/18/2007) and confirmed that the above unlabeled and undated foods were not in compliance with the policy. The facility's Labeling Policy (Effective 10/18/2007) states that "Any food that is left over and needs to be refrigerated</p>	F 371	<p>F 371 – Food Procedure The labeling policy will be rewritten by the Dietary Manager. Along with this, an inservice will be done for dietary staff to ensure that they know the labeling policy, and that they also understand the importance of labeling. Date of correction 4/21/2011</p> <p><i>F371 POC Accepted 5/5/11 S. Emmons RN / P. McTarn</i></p>	

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OMB NO. 0938-0391

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F 371	Continued From page 11 due to potential contamination shall be dated as follows: today's date, item name, throwaway date (no longer than 7 days); items that are opened and removed from original package need to be labeled as following: item name, expire date that is on package". The Food Service Director confirmed at the time of the observation on 4/4/11 at 9:55 AM that the open cereal box should have been placed in a sealed container to prevent contamination of its contents and food items labeled and dated.	F 371	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425	F 425 – Pharmaceutical Services Franklin County Rehab Center has met with our pharmacy supplier and it has been agreed that no unscored tablets should be cut to obtain a lower dosage pill. If the only way to obtain the proper dosage is by cutting an unscored tablet the pharmacy will notify the physician of this fact for their guidance before dispensing. The consulting pharmacist will do a quality assurance check during his monthly visits. Date of correction 5/6/2011 F425 PDC Accepted 5/5/11 S. Emmons RN / Pharmacist RN
This REQUIREMENT is not met as evidenced			

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F 425	<p>Continued From page 12</p> <p>by: Based on interview and record reviews, the facility failed to ensure pharmaceutical services were provided that assured the accurate dispensing of antibiotics for 3 of 3 residents: (Residents #11, #71, & #125) Findings include:</p> <ol style="list-style-type: none"> 1. Per observation of a medication administration pass on 4/4/11 at 11:00 A.M., an antibiotic was administered by a staff nurse for Resident # 71. The antibiotic caplet, which was not scored, had been cut in half and had jagged edges so that the dosage could not be assured. Also, the medication had no information on the MAR (Medication Administration Record) that the antibiotic is absorbed better if taken with food and it was not administered with food. 2. Per observation of a medication pass on 4/4/11 at 11:20 A.M., the staff nurse attempted to administer a dose of an antibiotic for Resident # 11. The antibiotic pill that was sent by the pharmacy was in an individual unit dose pack and was a caplet that was not scored and needed to be 'cut in half' for the resident to receive the appropriate dose. The staff nurse stated that s/he 'had no way to cut the pill in half' so the nurse called the pharmacy to request another pill with the 'correct dose.' The pharmacy delivered the antibiotic unit dose to the facility at 12:30 P.M. and the pharmacy had sent a unit dose package which contained a half of a caplet (cut in half although unscored) with the edges jagged where the pill had been cut. 3. Per observation on 04/05/11 at 10:15 A.M., the staff nurse was cutting in half a non-scored antibiotic (Vantin 200 mg) for Resident # 125. 	F 425		

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F 425	<p>Continued From page 13</p> <p>The antibiotic was noted to have jagged edges and the protective film coating compromised. The staff nurse stated to the nurse surveyor that s/he "called the pharmacy and they said that it was o.k. to split it."</p> <p>An interview on 4/5/11 at 10 A.M. was conducted with the pharmacist that has a contract with the facility, that provides the medications. S/he confirmed that the antibiotic that was prescribed for the residents (above) were available from the manufacturer in the dosage that was prescribed by the physician (100 mg caplets) however the pharmacy had a supply of the larger dose (200 mg caplets) that the pharmacists were 'cutting in half.' S/he also confirmed the 200 mg antibiotic caplet was unscored and that once the caplet is cut the accuracy of the dose could not be assured. In addition, s/he confirmed that the pharmacy policy for medication administration's general guidelines (revised 5/10) and provided to the facility stated that ' since unscored tablets may not be accurately broken, their use is discouraged if a suitable alternative is available.'</p>	F 425	
F 456 SS=B	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, facility staff failed to ensure all essential patient care equipment was maintained in a safe operating condition.</p>	F 456	<p>F 456 – Mattress Covers The nursing staff will inspect mattress covers on linen changes and verify that they are intact. If they find that the cover is torn they will notify the maintenance department who will then make it a high priority to change the cover. The maintenance supervisor is researching a solution to the problem. Date of Correction 4/27/2011</p>

F456 POC Accepted 5/5/11
S. Emmons RN / Amotarn

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F 456	Continued From page 14 Findings Include: On 4/6/11 at 9 A.M. an observation was made that 2 mattress covers on the beds in Rooms 410 (both beds) and 1 mattress cover in Room 408 (bed closest to the door) were badly torn on both sides exposing the foam mattress below. Per interview on 4/6/11 at 10:35 A.M. with the maintenance person s/he confirmed the observation and had the mattress covers changed.	F 456		
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