

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

PRINTED: 11/03/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2006
NAME OF PROVIDER OR SUPPLIER BOONE HOSPITAL CENTER SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 EAST BROADWAY COLUMBIA, MO 65201	
(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 326 SS=E	<p>483.25(i)(2) NUTRITION</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, during the survey process from January 9-11, 2006, it is determined that facility staff fail to consistently record/monitor the supplement intake for two out of eight sampled residents. (Resident #10, #12). The census at the time of the survey is fourteen (14) residents. The sample size is eight residents, including one closed record.</p> <p>Examples include the following:</p> <p>1. Resident #10, is admitted to the facility on 12/23/05 with diagnosis including failure to thrive and status-post left hip fracture. The patient's weight on admission is 184lbs. On 12/30/05 the patient's bed scale weight is documented at 182.7lbs. On 1/9/05 the patient's bed scale weight is documented as 166.4lbs. On 1/10/06 the bed scale weight is 165.8lbs. On 1/11/06 the patient's weight on a stand up scale is 156.1lbs.</p> <p>The nutritional assessment in the medical record dated 12/24/05 states the patient receives a mechanical soft diet with a renal shake in the evening.</p>	F 326		
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 326	Continued From page 1 Documentation in the medical record state the patient is eating 25% - 76% for most meals. There is no documentation regarding the amount of intake of the renal shake on 12/25/05, 12/26/05, 12/27/05, 12/28/05, 12/29/05, 12/30/05, 12/31/05, 1/1/05, 1/4/05, 1/6/05, and 1/8/05. 2. Resident #12 is admitted to the facility on 12/30/05 with diagnosis including weakness, failure to thrive and small cell lung cancer. Dietary notes and documentation of meal intake state the resident's meal intake is between 25% -75%. The patient's weight on admission is 184lbs, and on 1/10/06 is 181.4lbs. A physician order on 1/3/06 states, "May increase fluid restriction to 2,000cc to accommodate milk shakes between meals as recommended". Review of documentation of supplements reveals there is no documentation of supplements on 1/3/06, no documentation of the pm and HS (bedtime) supplement on 1/6/06, no pm supplement recorded on 1/7/06, no pm supplement recorded on 1/8/06, and no pm supplement recorded on 1/9/06.	F 326			
F 442	Continued From page 1	F 442			
F 442 SS=D	483.65(b)(1) PREVENTING SPREAD OF INFECTION When the infection control program determines that a resident needs isolation to prevent the	F 442			

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F 442	<p>Continued From page 2 resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, medical record review, interviews and facility policy review during the survey process from January 9-11, 2006, it is determined that facility staff failed to clean equipment prior to removing from an isolation room and failed to follow facility policy for one out of one patient on contact isolation. The census at the time of the survey is fourteen (14) residents. (Resident #10). The sample size is eight residents, including one closed record.</p> <p>During a tour of the facility on 1/9/06, surveyor observed a contact isolation sign outside Resident #10's room. The patient's medical record and staff interviews during the survey process reveal the patient is placed on contact isolation due to clostridium difficile (C-diff) infection.</p> <p>On 1/10/06 at 8:45am surveyor observed Staff A pushing the patient's bed into the hallway. Staff A stated the bed is not working correctly and she is replacing it. She states she had not cleaned the bed prior to placing it in the hallway.</p> <p>At 9:35am surveyor observed housekeeping staff cleaning the bed in the hallway.</p> <p>The facility protocol entitled Contact Precautions Protocol and revised on 11/02 states under equipment, number 35, "Prior to removing other unneeded equipment from the patient's room: Wipe down the equipment with a hospital-provided disinfectant".</p>	F 442		