

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

PRINTED: 03/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  02/16/2012
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NAME OF PROVIDER OR SUPPLIER  VALLEY VIEW CARE & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 551 KENT STREET ANDREWS, NC 28901
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(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 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to verify placement of a G- tube (gastrostomy tube) for one (1) of one (1) residents observed during medication administration.(Resident #31).</p> <p>The findings are:</p> <p>The facility's policy for administering medications via enteral tube, revised April 2009, specified: To safely administer ordered medications via enteral tube: Verify tube placement by instilling air into the tube while simultaneously auscultating over left upper quadrant of the abdomen with a stethoscope to validate air movement in the stomach; Aspirate gastric contents and re-install.</p> <p>Resident #31 had diagnoses which included end stage dementia, dysphagia, gastro esophageal reflux disease and recurrent aspiration pneumonia.</p> <p>Review of Physician Orders dated 02/07/12 revealed orders for continuous enteral feedings at 50 centimeters (cc) per hour via G-tube. Other Physician orders included polyethylene glycol (Miralax) 17 grams daily per G-tube.</p> <p>Observation of medication administration on 02/15/12 at 4:15 PM revealed LN (Licensed</p>	F 281	<p>Valley View Care and Rehabilitation Center Acknowledges receipt of the Statement of Deficiencies and proposes the attached plan of correction to the extent that the findings are factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The plan of correction is submitted as a written allegation of compliance.</p> <p>F 281</p> <p>A.CORRECTIVE ACTION HAS BEEN ACHIEVED BY: Nursing staff has been re-inserviced regarding checking for placement of enteral tube prior to administration of medication as well as verifying placement of G-tube for resident #31 by instilling air into tube while auscultating over abdomen and aspirating gastric contents and re-installing.</p> <p>B. The facility acknowledges that all residents receiving medications via enteral tube (gastrostomy tube) have the potential to be affected by this practice and corrective action is accomplished by verifying placement by instilling air into tube while auscultating over abdomen and aspirating gastric contents and re-instilling contents according to facility policy to validate proper placement</p> <p>C Director of Nursing and/or her designee will monitor 1 (one) nurse each shift weekly X 4 (four) weeks to assure he/she checks for tube placement by instilling air into tube while auscultating over abdomen and aspirating gastric contents and re-instilling, and then monitor 1 (one) nurse each shift monthly x 4 (four) months to assure proper placement by instilling air into tube while auscultating over abdomen and aspirating gastric contents and re-instilling.</p>	3-16-12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Darlene Rauphman TITLE: Administrator (X6) DATE: 3-9-12

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	<p>Continued From page 1</p> <p>Nurse #1 prepared 17 grams of Miralax powder in 120cc of water. LN #1 proceeded to disconnect the resident's feeding tube, flushed the G-tube with water, poured in the Miralax, and then flushed the tube again with more water. LN #1 did not check for placement of the resident's G-tube prior to administering the medication.</p> <p>During an interview on 02/15/12 at 4:40 PM LN #1 stated she should have checked for placement by aspirating but she did not check it this time. LN #1 further stated normally she would have done this, but did not do it today.</p> <p>During an interview on 02/16/12 at 10:34 AM, the DON (Director of Nursing) stated her expectation was for all staff to check for placement of G-tubes before administering medications.</p>	F 281	<p>D. Results of monitoring and corrective action will be reported to QI Committee monthly.</p> <p>C. Director of Nursing and/or her designee will monitor 1 (one) nurse each shift weekly X 4 (four) weeks and then 1 (one) nurse each shift monthly X 4 (four) months.</p> <p>D. results of monitoring and corrective action will be reported to QI Committee monthly.</p>	
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