**SUMMARY STATEMENT OF DEFICIENCIES**

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<thead>
<tr>
<th>ID PREFIX TAG</th>
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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tbody>
<tr>
<td>F 281 SS=D</td>
<td>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</td>
<td>F 281</td>
<td>Haymount Rehabilitation and Nursing Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as allegation of compliance.</td>
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The services provided or arranged by the facility must meet professional standards of quality.

The requirements are not met as evidenced by:

Based on record review, staff and physician interviews, the facility failed to clarify with the physician instructions for a urine culture to be obtained, which resulted in the urine culture not being obtained for 1 of 3 resident's labs reviewed (Resident #1). Findings included:

Resident #1 was admitted into the facility on 7/5/06. Diagnoses included urinary incontinence. The quarterly minimum data set completed on 2/17/14 indicated Resident #1's cognitive pattern was severely impaired. Urinary incontinence was listed as "frequently incontinent." A review of the physician telephone order dated 3/8/14 at 7:00 am revealed an ordered urinalysis by the physician due to "discharge."

A review of the urinalysis lab report that was reported to the facility on 3/8/14 at 5:40 PM revealed Resident #1 urinalysis resulted with a cloudy appearance (reference range clear), while blood cells greater than 5 (reference range 0-5) and bacteria (reference range none seen/none). The physician signed on the lab result "check culture." Further review of the medical record did not reflect the urine culture was obtained.

A review of the nurse's notes for March 8, 2014 - April 9, 2014 did not reflect any reference related to the urinalysis.

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE**

**EXECUTIVE DIRECTOR**

*Any deficiency statement ending with an asterisk (*) denotes a deficiency discovered or corrected providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions). Except for nursing homes, the findings stated above are discloseable 10 days following the date of survey whether or not a plan of correction is being provided. For nursing homes, the above findings and plans of correction are discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.*
Continued from page 1

to the results of a urine culture, as requested by the physician to be checked on 3/8/14.

In an interview on 5/8/14 at 6:27 pm, the director of nursing (DON) stated that no urine culture was obtained due to Resident #1 was asymptomatic. She added that the request by the physician was questionable; however, the medical record did not reflect the physician had been contacted for clarification. The DON concluded that she expected the physician to have been contacted, so the request for the urine culture could have been clarified or obtained.

In an interview on 5/8/14 at 6:35 pm, the physician stated that he expected the urine culture to have been obtained as requested. He added that he also expected the facility to have contacted him regarding clarification if one was not clear regarding his written instructions. The physician concluded that he requested the urine culture based on the urinalysis results of 3/8/14, which revealed bacteria. He concluded that the urine culture would be more definitive for diagnostic purposes.

F281 (cont)

The MD was contacted by the DNS/RN Supervisor for follow-up of the residents identified during the audit whose orders needed further review by the MD.

All licensed nurses were in-serviced by the DNS and RN Supervisor on the process of carrying out lab orders when orders are received by the MD, nurses will place all UA C&S orders on the MAR.

The DNS will ensure nurses not in-serviced by 5/23/14 will be scheduled to be in-service and all new hires will be oriented about process upon facility orientation.

Telephone orders will be reviewed daily by the Unit Coordinators and RN supervisor to ensure lab orders are carried out as ordered.

Random audits will be conducted by the DNS & Unit Coordinators weekly x4 and findings will be documented on the Lab Follow-Up Audit Form.

The Lab Follow Up Audit form will be reviewed weekly x4 by the Administrator to monitor trends and compliance.

All issues of noncompliance will be addressed by the DNS/Designee with individuals as warranted.

Compliance will be documented and monitored by the QA committee monthly and changes for performance will be made as recommended by the QA Committee.