STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295075	A. BUILDING _____ B. WING _____	**08/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PAHRUMP HEALTH AND REHABILITATION CENTER	**4501 NE BLAGG RD PAHRUMP, NV 89060**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0580 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and policy review, the facility failed to ensure a resident's elevated blood glucose levels were continuously monitored and the physician was notified of a resident's change in condition for 1 of 6 sampled residents (Resident #2). Resident #2 (R2) was admitted on [DATE], with [DIAGNOSES REDACTED]. Physician orders [REDACTED].= 0 units of insulin, call physician if under 80 60-150 = 0 units of insulin 151-200 = 3 units of insulin 201-250 =5 units of insulin 251-300 =8 units of insulin 301-350 =10 units of insulin over 350 = Notify physician 351-400 =12 units of insulin and call physician 401+ =15 units of insulin and call physician Administer subcutaneously before meals and at bedtime related to type 2 diabetes mellitus without complications. The Medication Administration Record [REDACTED]. - 11:00 AM, blood glucose was 350, 10 units of insulin was administered. - 4:00 PM, blood glucose was 150, 0 units of insulin was administered. - 11:00 PM, blood glucose was 494, 15 units of insulin was administered. A nurse's note dated 06/14/2020 at 11:06 PM, documented Nurse #1 notified the physician R2's blood sugar was over 350 and was awaiting a call back. The medical record lacked documented evidence the physician returned the call or another attempt to notify the physician was made. Nurse #2 documented in a nursing note dated 06/15/2020 and reported in a written statement dated 08/05/2020, indicating the following occurred on 06/15/2020: - 6:50 AM, the resident had elevated blood glucose levels and the device read high. R2 was Administered 15 units of insulin per sliding scale. - 7:20 AM, blood glucose levels were rechecked, and the device read high. The resident was asymptomatic of signs and symptoms of [MEDICAL CONDITION]. Tried to reach the physician and continued to check on the resident. - Between 8:30 AM and 9:00 AM, checked the resident and the oxygen level was low. Oxygen was rechecked and contacted the provider. An order was obtained to increase oxygen to 5 liters. The resident became symptomatic with a change in the level of conscientiousness. Respiration increased and R2 did not open their eyes when spoken to. The Resident Care Manger (RCM) was called for assistance. -10:20 AM, the resident's pulse was 30. The blood glucose was rechecked reading high. The physician was notified. Ten additional units of insulin were administered per the physician orders. The blood glucose was rechecked and read high. The resident's pupils were dilated, and hyperventilation was present. Vitals: blood pressure was 90/50, pulse between 30-50. Oxygen status was 80%. Received orders from the physician to transport the resident to the hospital. The Acute Care Hospital Emergency Department notes dated 06/15/2020, documented the resident was found at the rehab center unresponsive and had a blood sugar reading of high. The notes documented the resident was in a coma and the patient required a transfer to an Intensive Care Unit via air. R2's hospital medical record dated 06/15/2020, documented the blood glucose level was 1192 upon admittance to the hospital. On 06/15/2020, the resident was unresponsive, had a blood sugar reading of high, and was discharged to another acute care hospital emergency department. On 08/07/2020 at 11:15 AM, the RCM reported a glucometer reading of high meant the blood glucose was over 500 and the physician would need to be contacted right away. For any blood glucose over 350, the physician should be contacted, and the blood glucose monitored every hour. On 8/7/2020 at 11:30 AM, the Director of Nursing (DON) indicated when Nurse #1 left a message, the nurse should have called the physician back every 15 minutes until the physician answered. R2's blood glucose levels should have been monitored every hour after the reading of 494. Nurse #2 should have called the physician after the first high reading on 06/15/2020 at 6:50 AM. If a high reading was consistently reported and the physician was not responding to the calls, the nurses could have sent the resident out to the hospital. Nurse #1 and #2 were not available for interview. On 08/07/2020 at 1:30 PM, a Licensed Practical Nurse (LPN) reported a high level read on a blood glucometer could indicate a resident's blood glucose was over 500. Insulin would be given per the physician orders [REDACTED]. The blood glucose would be tested every hour. If the physician could not be contacted, the LPN would call every 15 minutes until the physician was reached. There was no documentation in the medical record indicating the physician was consistently notified of the resident's increased blood glucose levels or documented evidence the residents blood glucose was monitored every hour after the last reading of 494 on 06/14/2020. The manufactures instructions for the glucometer used by the facility documented if the glucometer had a blood glucose reading of high this could mean the blood glucose level was 600 and to notify the physician. The facility policy, [DIAGNOSES REDACTED]/[MEDICAL CONDITION] recommended guidelines, updated 05/2016, documented if blood glucose was above 350 milligrams (mg) notify the physician per their parameters. Administer insulin per physician orders. Re-check blood glucose in one hour and notify the physician if blood glucose remained about 350 mg. Compliant #NV 690

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE