

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 065169 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/08/2020 |
| NAME OF PROVIDER OF SUPPLIER BELMONT LODGE HEALTH CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1601 CONSTITUTION RD PUEBLO, CO 81001 | |
| 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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review and interviews, the facility failed to ensure nursing staff followed professional standards for medication administration. Specifically, the facility failed to administer medications and store them safely. Findings include: I. Professional references According to the Lippincott nursing Center, Medication Safety: Go beyond the basics, (4/9/2020), retrieved from: https://www.nursingcenter.com/ncblog/may-2016/medication-safety-go-beyond-the-basics, For any nurse working in a direct care setting, preparing medications and administering them to patients is part of the daily routine. Mistakes can happen at any point in the process. Administration errors are one of the most serious and most common mistakes made by nurses. The result may lengthen a hospital stay, increase costs, or have life and death implications for the patient. So, what can you do to safely administer medications? Start with the basics: 1. Verify any medication order and make sure it's complete. The order should include the drug name, dosage, frequency and route of administration. If any element is missing, check with the practitioner. 2. Check the patient's medical record for an allergy or contraindication to the prescribed medication. If an allergy or contraindications exist, don't administer the medication and notify the practitioner. 3. Prepare medications for one patient at a time. 4. Educate patients about their medications. Encourage them to speak up if something seems amiss. II. Observation and interview The east hall medication cart was observed on 4/8/2020 at 8:44 a.m. On the top of the medication cart were four graduated plastic cups with various pills in them, two inhalers, a nasal spray, and a small plastic cup with orange liquid. Each of the four cups containing the pills had a name written along the side written in a marker. Licensed practical nurse (LPN) #1 said the residents the medications belonged to refused the medications while they were eating their breakfast. She said she would return to the residents after they finished their breakfast. She said she was new and did not want to throw away the medications. III. Resident #1 A. Resident status Resident #1, age 62, was admitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. B. Resident #1's Medication Administration Record [REDACTED]. 2. [MEDICATION NAME] 20 milliequivalents (mEq); give one tablet po once a day. 3. NAME] tablet delayed release 40 mg; give one tablet po one time a day. 4. [MEDICATION NAME] tablet 100 mg; give 1.5 tablet po one time a day. 5. [MEDICATION NAME]-M; give one tablet po one time a day. 6. [MEDICATION NAME] HCl tablet 100 mg; give one tablet po one time a day. 7. [MEDICATION NAME] diskus 500-50 micrograms (mcg) a dose; give one inhalation to inhale two times daily. 8. Duloxetine HCl delayed release 30 mg; give one capsule po two times a day. 9. [MEDICATION NAME] 10 grams (gm) / 15 milliliter (ml); give 60 ml po two times a day. 10. Magnesium oxide tablet 400 mg; give one tablet po twice a day. 11. Rifaximin tablet 550 mg; give one tablet po twice a day. 12. Midrone HCl tablet 5mg; give 1.5 tablet po three times a day. IV. Resident #2 A. Resident status Resident #2, age 80, was admitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. B. Resident #2's MAR indicated [REDACTED]. 2. [MEDICATION NAME] capsule 30 mg; give 30 mg po in the morning. 3. [MEDICATION NAME] 20 mg; give one tablet orally in the morning. 4. Multivitamin tablet; give one tablet orally in the morning. 5. [MEDICATION NAME] 18 mcg; give one inhalation orally in the morning. 6. Vitamin D tablet; give 2000 IU po one time a day. 7. [MEDICATION NAME] capsule 100 mg; give one capsule orally every day and every evening. 8. Ensure supplement twice a day (BID) related to (r/t) weight loss two times a day. 9. [MEDICATION NAME] tablet; give 20 mg po BID. 10. [MEDICATION NAME] tablet 75 mg; give 50 mg orally two times a day. 11. [MEDICATION NAME] HCl tablet 50 mg; give one tablet po three times a day. V. Resident #3 A. Resident status Resident #3, age 43, was admitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. B. Resident #3's MAR indicated [REDACTED]. 2. Aspirin tablet 81 mg; give one tablet via peg tube one time a day. 3. [MEDICATION NAME] tablet 40 mg; give 40 mg via peg tube in the morning. 4. [MEDICATION NAME] tablet; give 54 mg po one time a day. 5. [MEDICATION NAME] tablet 20 mg; give one tablet po one time a day. 6. Multivitamin tablet; give one tablet via peg tube in the morning. 7. polyethylene [MEDICATION NAME] 3350 powder; give 17 gm via peg tube in the morning. 8. Potassium chloride solution 20 mEq/15 ml; give 15 ml via peg tube one time a day. 9. Topiramate tablet 50 mg; give one tablet via pe[DEVICE] in the morning. 10. Vitamin D tablet; give 5000 IU via peg tube in the morning. 11. [MEDICATION NAME] tablet 10 mg; give three tablets po every morning and at bedtime. 12. [MEDICATION NAME] capsule 100 mg; give one tablet via [DEVICE] every morning and every evening. 13. [MEDICATION NAME] allergy relief suspension 50 mcg; give one spray in both nostrils two times a day. 14. [MEDICATION NAME] tablet 2 mg; give one tablet via per-tube three times a day. 15. [MEDICATION NAME] HCl tablet 10 mg; give one tablet via pe[DEVICE] three times a day. VI. Resident #4 A. Resident status Resident #4, age 70, was admitted on [DATE]. According to the April 2020 computerized physician orders [REDACTED]. B. Resident #4's MAR indicated [REDACTED]. 2. [MEDICATION NAME] tablet delayed release 5 mg; give one tablet po in the morning. 3. Magnesium oxide tablet 400 mg; give one tablet po in the morning. 4. [MEDICATION NAME] tablet 10 mg; give one tablet by mouth in the morning. 5. Polyethylene [MEDICATION NAME] powder; give 17 gm po in the morning. 6. [MEDICATION NAME] tablet 3 mg; give one tablet po in the morning. 7. [MEDICATION NAME] HCl tablet 500 mg; give one tablet po two times a day. (ordered at 9:00 a.m.) VII. Interview The director of nursing (DON) was interviewed on 4/8/2020 at 10:30 a.m. She said the facility did not allow the floor nurses to store cups of medications for multiple residents in the top of the cart. She said the facility had already talked to the nurse and provided education on the importance to administer the medications after they have been set up for delivery. She said the potential for staff or any individual walking past the cart could take any/all medications was present.</p> | | |

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.