

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F133 (cont'd)			<p>specified goals for correction, time frames, and responsible staff.</p> <ul style="list-style-type: none"> - Documentation must include time administered and by whom, the amount of fluid infused, and any other special care administered as a result of IV therapy (i.e., mouth care, assistance with ADLs, etc.). - The record must reflect: <ul style="list-style-type: none"> + Conditions of site and any infiltrations, phlebitis, necrosis, etc. noted, along with measures taken to correct these. + The resident's response to therapy + Changes in laboratory studies <p>*Plan of care would not be modified for a one-time IV infusion.</p>		
Colostomy/Ileostomy F133 SNF 405.1124(c)	<p>The surveyor should ascertain that the facility is providing appropriate nursing care to those residents who have had bowel surgery resulting in a colostomy or ileostomy. It is recommended that the surveyor, with the resi-</p>	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Why was the ostomy performed? - How do you feel about the ostomy? - Does it ever cause you problems (e.i., pain, skin problems, odors, accidents)? If so, what 	<p>The surveyor should determine that:</p> <ul style="list-style-type: none"> - Colostomy irrigations, if ordered, are documented as performed by the resident or appropriately trained staff. - In the case of sigmoid colostomy regular patterns of bowel elimination are 	<p>Compliance would be indicated if residents are physically and emotionally comfortable with the ostomy with minimal or no skin problems. If residents are not comfortable with the ostomy, are having skin or other problems, the facility</p>	<p>Patient Care Management 405.1124(d)</p>