

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

FORM APPROVED  
OMB NO. 0938-0391

**COPY**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2016
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NAME OF PROVIDER OR SUPPLIER  BLEDSOE COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367
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F 221 SS-D	<p><b>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</b></p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy, medical record review, observation, and interview, the facility failed to provide a Physician's order for restraints for 1 resident (#37) of 4 residents reviewed for physical restraints of 19 sampled residents.</p> <p>The findings included:</p> <p>Review of facility policy, Restraints (Physical), undated revealed "...PHYSICAL RESTRAINTS are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body...Obtain physician's order for restraint..."</p> <p>Review of facility policy, Restraints, undated revealed "...Restraints shall only be used with a written order from the physician...Restraint orders must be re-written every 30 days...Restraints shall only be used on the signed order of a physician..."</p> <p>Medical record review revealed Resident #37 was admitted on 2/27/15 with diagnoses including Dementia, Atrial Fibrillation, Hypertension, Gastroesophageal Reflux, Arthritis, and Depression.</p> <p>Medical record review of the Care Plan dated</p>	F 221	<p><b>F 221</b></p> <p>1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>Resident was re-assessed for continued need of the self-release seat belt in w/c on 5/6/16. Results were that resident will continue to need seatbelt due to her inability to remember to call for assistance to get out of w/c. An order was obtained for cont use of seat belt. SM</p> <p>2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?</p> <p>All residents' (who have restraints) charts were reviewed for complete orders monthly, no deficiencies were found. This was completed by the LPNs on duty as well as the DON by 5/13/16.</p>	6/1/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stephanie Burt</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/19/16</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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 221	<p>Continued From page 1</p> <p>3/12/15 and updated 12/9/15 revealed "...Self release seat belt when up in wc [wheelchair]..."</p> <p>Medical record review of the Physical Recapitulation Orders dated 8/1/15-8/31/15 revealed "...SEAT BELT WHEN IN W/C [wheelchair]...RELEASE Q2HR [every 2 hour], CHECK Q30MIN [every 30 minute]...Y [yes]..."</p> <p>Medical record review of the Physical Recapitulation Orders dated 9/1/15-11/31/15 and 1/1/16-4/30/16 revealed no documentation for a physical restraint.</p> <p>Medical record review of a Physician's Telephone Order dated 12/9/15 revealed "...apply self-release seatbelt..."</p> <p>Medical record review of the Physical Restraint Elimination Assessment dated 12/9/15 and 3/11/16 revealed "...Continues to have self-release seat belt when up in wc D/T [due to] poor safety awareness..."</p> <p>Medical record review of the Flo (flow) Sheet dated 1/1/16- 3/31/16 revealed Resident #37's seatbelt was checked every 30 mins (minutes) and released every 2 hours.</p> <p>Medical record review of the Treatment Record dated 1/1/16-3/31/16 revealed a self-release seatbelt to be used in the wheelchair was assessed for Resident #37 every shift.</p> <p>Medical record review of the Monthly Summaries dated 1/31/16-3/31/16 revealed Resident #37 had self-release seat belt when up in wheelchair.</p> <p>Medical record review of the Annual Assessment</p>	F 221	<p>3.) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>A list of all residents who have restraints, including self release and non-self release seat belts, lap buddies and side rails, were created by the MDS coordinator. The LPNs will use this list each month when checking orders and will ensure that all restraints are ordered on a monthly basis. 2 LPNs will check each resident's orders monthly and sign as correct in appropriate places. This will be in-serviced by the DON and /or MDS Coordinator during huddles between shifts as well as staff in-services by June 1, 2016.</p>		

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F 221	<p>Continued From page 2</p> <p>Minimum Data Set (MDS) dated 3/11/16 revealed a trunk restraint used daily.</p> <p>Observation with Licensed Practical Nurse (LPN #1) on 05/4/16 at 9:53 AM, in dining room revealed Resident #37 was wearing a self-release seat belt while sitting in the wheelchair.</p> <p>Interview with the MDS Coordinator on 05/03/16 at 3:18 PM, in the conference room confirmed the resident had a physical restraint and was assessed for a physical restraint elimination on 12/9/15 and 3/11/16.</p> <p>Interview with the Director of Nursing on 5/4/16 at 10:09 AM, in the conference room confirmed the resident was to have an order for a self-release belt rewritten monthly and there was no order written after the original order date. Further interview confirmed the facility failed to provide a monthly rewritten order for a physical restraint per facility policy.</p>	F 221	<p>4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?</p> <p>The DON as well as the MDS Coordinator will monitor monthly and PRN for appropriate documentation. Measures will be monitored through QA quarterly.</p>	
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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by:                  Based on medical record review, observation, and interview, the facility failed to provide</p>	F 312		
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F 312	<p>Continued From page 3</p> <p>Activities of Daily Living (ADL) care for 1 resident (#15) of 19 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #15 was admitted to the facility on 4/22/10 with diagnoses of Traumatic Brain Injury, Anxiety, Depression, Hypertension, Cerebral Vascular Accident, and Bipolar Disorder.</p> <p>Medical record review of the Minimum Data Set (MDS) quarterly assessment dated 2/4/16 revealed the resident's Brief Interview for Mental Status (BIMS) was rated at 99, indicating the resident was not cognitively able to complete the exam. Further review of the MDS revealed the resident required extensive assist with 2+ persons physical assistance for bed mobility and transfers, extensive assist with 1 person physical assist for dressing, total dependence with 2+ person physical assist for toileting, and total dependence with 1 person physical assist for personal hygiene.</p> <p>Medical record review of the resident Care Plan dated 5/19/10, revealed "... requires 1-2 assist with ADL's; Goal: Resident will be kept clean, dry, comfortable and appropriately dressed and groomed with assistance as needed on a daily basis; Approach: check to assure that ADL's have been performed to usual standards...provide 1 assist for dressing as needed...provide 1 assist for oral care q (every) day as needed...provide 1 assist for shaving 2 times a week and as needed...provide 1 assist for hair care at least bid (twice daily) as needed...Provide 1 assist for 2 times weekly shampoo &amp; shower..."</p>	F 312	<p>F 312</p> <p>1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?</p> <p>Resident #15 was taken to the shower by the C.N.A. as soon as the DON observed the lack of care. He was given a shower as well as hair was washed, nails were clean and nails were trimmed, teeth brushed, etc.</p> <p>2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?</p> <p>All residents have the potential of being affected by this. The DON, LPNs on duty and MDS Coordinator observed for any other resident that may have been affected. <i>No other residents were noted to be affected. St</i></p>	6/1/16

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F 312	<p>Continued From page 4</p> <p>Medical record review of the Certified Nursing Assistant (CNA) treatment record revealed the resident was scheduled for 2 showers per week. Review of the CNA treatment record for 1/16 revealed the resident received 4 showers and 1 bed bath, in 2/16 the resident received 6 showers, in 3/16 the resident received 7 showers, and in 4/16 the resident received 6 showers.</p> <p>Medical record review of the Medication Administration Record (MAR) revealed the resident was to receive Valium (sedative) 15 mg (milligrams) prior to nail trimming and received the medication on 1/15/16, 3/3/16, and 4/20/16. The resident received no medication prior to nail trimming during the month of 4/16.</p> <p>Observation of the resident on 5/2/16 at 11:10 AM revealed the resident was in his wheelchair, self-propelling toward the main dining room, with his hair uncombed and dirty, unshaven, teeth did not appear to have been cleaned recently, had a foul odor about him, and his fingernails were extremely long (approximately 1.5-2.5") with dark debris underneath.</p> <p>Observation of the resident on 5/3/16 at 11:10 AM and 3:44 PM, revealed the resident was lying in his bed with a brief on, with his hair uncombed and dirty, unshaven, teeth did not appear to have been cleaned recently, had a foul odor about him, and his fingernails were extremely long (approximately 1.5-2.5") with dark debris underneath.</p> <p>Observation of the resident on 5/4/16 at 8:25 AM, in the resident's room revealed the resident was lying in his bed with a brief on, with his hair uncombed and dirty, unshaven, teeth did not</p>	F 312	<p>3.) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</p> <p>The DON and MDS Coordinator will devise a daily check list of required ADL care for all residents. The C.N.A.s will complete this check list for each resident daily with the Charge Nurse checking at the end of the shift for completion. The DON and MDS Coordinator will monitor compliance at least 3 times a week and re-inservice as needed. Inservices will be conducted during huddle between shifts as well as a staff in service by June 1, 2016.</p>	
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F 312	<p>Continued From page 5</p> <p>appear to have been cleaned recently, had a foul odor about him, and his fingernails were extremely long (approximately 1.5-2.5") with dark debris underneath.</p> <p>Observation of the resident on 5/4/16 at 9:05 AM, in the resident's room with the Director of Nursing (DON) revealed the resident was lying in his bed with a brief on, appeared disheveled with his hair uncombed and appeared dirty, unshaven, teeth did not appear to have been cleaned recently, had a foul odor about him, and his fingernails were extremely long (approximately 1.5-2.5") with dark debris underneath. The DON lifted the resident's sheet to reveal the resident's toenails which were extremely long (approximately 2-3.5") with dark debris underneath. Interview with the DON confirmed the resident did not receive ADL care according to the facility's standards.</p>	F 312	<p>4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?</p> <p>The Charge Nurses will monitor each shift for compliance. The DON and the MDS Coordinator will monitor at least 3 times a week for compliance and measures will be reported through QA quarterly.</p>	
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