

2015-07-01 15:23 Dept of Health-HCF
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 07/01/2015
FORM APPROVED
OMB NO. 0938-0391

45E 8/01/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2648 SEVIERVILLE RD MARYVILLE, TN 37804	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 000 INITIAL COMMENTS

A recertification survey and complaint investigation #35593, #35680, #35682, #35870, #35981, #36030, were completed on 6/15-17/2015, at Asbury Place at Maryville. No deficiencies were cited related to the complaint investigation #35593, #35680, #35682, #35870, #35981, and #36030, under 42 CFR Part 483, Requirements for Long Term Care Facilities.

**F 278 483.20(g) - (j) ASSESSMENT
SS=0 ACCURACY/COORDINATION/CERTIFIED**

The assessment must accurately reflect the resident's status.

A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.

A registered nurse must sign and certify that the assessment is completed.

Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.

Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.

Clinical disagreement does not constitute a

F 000

**F 278 ASSESSMENT
ACCURACY/COORDINATION**

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The MDS assessment for resident #81 was dated incorrectly. The ARD date for the assessment was recorded as 5/17/15, but should have been 5/3/15.

The behavior noted in the findings occurred on 5/11/15, after the correct ARD date. Therefore, because the assessment was completed timely but dated incorrectly, the MDS would not have reflected the behavior. The corrected/modified MDS assessment has been resubmitted.

F 278:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Carolyn P. [Signature] TITLE Administrator DATE 7/9/15

A 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.

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F 278 Continued From page 1
 material and false statement.

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This REQUIREMENT is not met as evidenced by:
 Based on medical record review, review of employee written statement, and interview, the facility failed to accurately reflect the aggressive behavior on the Minimum Data Set (MDS) for 1 resident (#81) of 38 residents reviewed.

The findings included:

Medical record review revealed Resident #81 was admitted on 8/22/14 with diagnoses including Late Effect Hemiplegia and Alzheimer's Dementia.

Medical record review of the Quarterly Minimum Data Set (MDS) dated 5/17/2015 revealed "...Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing...). Behavior not exhibited..."

Record review of a written statement by Certified Nursing Assistane (CNA #3) dated 5/15/2015 revealed "...at 1:00 [AM] [CNA #1] & I went into [Resident #81] room because her alarm was going off as we were trying to help her in bed she was very agitated & was swinging and kicking at [CNA #1]."

Interview with Registered Nurse #2 on 6/17/2015 at 9:20 AM, at the 100 South nurse's desk revealed "...it is not unusual for the resident to be combative...it is how you approach her."

Interview with MDS/Care Plan Licensed Practical Nurse #1 on 6/17/15 at 2:20 PM, in the MDS

2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
 The MDS Coordinator and Nurses will review the current MDS assessments for residents who are being tracked for behavior management by July 31, 2015. Any missing behaviors or incorrect dates will be modified and resubmitted.

3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.
 The MDS Coordinator will review the ARD dates prior to submission and make modifications if indicated.

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place.

The MDS staff will audit 10% of each other's ARD dates for accuracy each month x 3 months, then quarterly x 2 quarters. Any significant trends will be reported to Quality Assurance committee, which meets at least quarterly and consists of the Medical Director, Pharmacist, Director of Nursing, Administrator, Staff Development Coordinator, Clinical Mentors, Dietician, and Social Workers.

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F 278 Continued From page 2
office confirmed the quarterly MDS dated 5/17/2015 failed to reflect the resident's aggressive behavior on 5/15/2015.

F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO
SS=D PARTICIPATE PLANNING CARE-REVISE CP

The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of employee written witness statement, and interview, the facility failed to revise the care plan for 1 resident (#81) of 38 residents reviewed.

The findings included:
Medical record review revealed Resident #81 was:

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F 280 RIGHT TO PARTICIPATE
PLANNING CARE- REVISE CARE
PLAN

7/31/15

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
The care plan for resident #81 has been updated to include aggressive behaviors and behavior management approaches.
2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.
The MDS Coordinator and MDS nurses will review all residents who are being tracked for behaviors to ensure their care plans address the specific behavior and applicable behavior management techniques by July 31, 2015.
3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.
When completing an MDS assessment, the MDS coordinator and MDS staff will check the care plan of that resident who has a behavior documented on an MDS, to ensure the care plan accurately reflects the behavior and behavior management approaches. This will be an ongoing activity by MDS staff

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F 280	<p>Continued From page 3 admitted on 8/22/2014 with diagnoses including Late Effect Hemiplegia and Alzheimer's Dementia.</p> <p>Medical record review of Resident #81's current care plan dated 5/7/15 revealed no problems or approaches to intervene when Resident #81 is being aggressive and hitting people or how to approach her to reduce instances of combativeness.</p> <p>Record review of the Written Statement of Certified Nurse Assistant (CNA) #3 dated 5/15/2015 revealed "...at 1:00 [AM] [CNA #1] & I went into [Resident #81] room because her alarm was going off as we were trying to help her in bed she was very agitated & was swinging and kicking at [CNA #1]..."</p> <p>Interview with Registered Nurse #2 on 6/17/2015 at 9:20 AM, at the 100 South nurse's desk revealed "...It is not unusual for the resident to be combative...it is how you approach her."</p> <p>Interview with Minimum Data Set/Care Plan Licensed Practical Nurse on 6/17/15 at 2:20 PM, in the MDS office confirmed the care plan had not been revised for the resident's aggressive behavior.</p>	F 280	<p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place.</p> <p>The MDS staff will audit 10% of each other's MDS assessments to identify whether the resident has a documented behavior, and if so, will check the care plan of that resident to ensure that the behavior and the management of the behavior is documented on the care plan. This audit will occur each month x 3 months, then quarterly x 2 quarters. Any significant trends will be reported to Quality Assurance committee, which meets at least quarterly and consists of the Medical Director, Pharmacist, Director of Nursing, Administrator, Staff Development Coordinator, Clinical Mentors, Dietician, and Social Workers.</p>	7/31/15	