

Poc #2 acceptable

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

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

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 C 04/11/2012
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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2848 SEVIERVILLE RD MARYVILLE, TN 37804
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F 000	INITIAL COMMENTS Complaint investigation #29327, #29330, #29339, #29421, #29513, and #29528, were completed at Asbury Place of Maryville on April 11, 2012. Deficiencies were cited on complaint investigation #29327, #29421, and #29513, under 42 CFR 483, Regulations for Long Term Care Facilities. No deficiencies were cited related to complaint investigation #29330, #29339, and #29528.	F 000		5/18/12
F 205 SS=D	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to provide the family with the	F 205	<ul style="list-style-type: none"> F 205 – Resident # 2 has been discharged. Residents who have been transferred to hospital or therapeutic leave in the past 2 weeks and are eligible for bed hold have been identified. These records have been reviewed to ascertain that transferred residents / family member / representative have received written information regarding the facility's bed hold policy. <p>The Bed Hold policy will be reviewed and revised. The Social Worker will be re-educated regarding the need to notify the resident / family member / representative of the facility's Bed Hold policy A copy of the Bed Hold policy will be included in all new resident admission packets.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ann L. Brown</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4/27/12</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 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 205	<p>Continued From page 1 required bed hold information for one resident (#2) of nine residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on September 1, 2011, with diagnoses that included Quadriplegia, Respiratory Failure, and Ventilator Dependent.</p> <p>Medical record review of a Physician's Progress Note dated January 5, 2012, revealed "...readmit after a prolong stay at (local hospital) for sepsis."</p> <p>Medical record review of an Admission Resident Data Collection Nursing Assessment Tool dated January 5, 2012, revealed the following pressure ulcers: sacrum- stage IV, right shoulder- stage I, left shoulder and left ankle unstagable.</p> <p>Medical record review of a Readmission Minimum Data Set dated February 2, 2012, revealed the resident was ventilator dependent, totally dependent in all activities of daily living and required a feeding tube for nutrition.</p> <p>Medical record review of a Social Service Progress Note dated February 20, 2012, revealed "... (family member) called...will sign consent to treat... is happy (Resident) is going to (hospital) for wound treatment."</p> <p>Medical record review of a Nursing Discharge Summary dated February 28, 2012, revealed "... (Resident) goes into respiratory arrest when turned to right side dressing changes...(primary doctor) wrote orders to send out to (hospital)."</p>	F 205	<p>Transfer documentation will be audited for inclusion the distribution of Bed Hold policy information to transferring residents / families and representatives by the DON or designee.</p> <p>100% of transferred resident's charts will be audited per week, for 4 weeks, then 10 charts per month for three months.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</p>		

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F 205	Continued From page 2 Medical record review of a Physician Discharge Summary revealed "...Resident) care necessitating transfer back to hospital with a discharge date of February 28, 2012." Interview with the Primary Care Physician on April 2, 2012, at 3:55 p.m., in the physician's charting room revealed "...each time we would do wound care (Resident) would get worse...we could not sustain (Resident) here." Review of facility policy, Bed Hold, updated on August 2, 2005, revealed "...Procedure: When a health care center resident leaves the facility for an anticipated temporary absence (e.g. transfer to hospital, therapeutic leave), the nursing supervisor will notify the social worker. The Social Worker will contact the resident or residents respnsible party to determine whether the bed is to be held..." Interview with the Social Worker on April 2, 2012, in the conference room confirmed that although there was a family discussion the family was not told or given information on a bed hold policy.		<ul style="list-style-type: none"> F242 - Resident # 4 has been interviewed and shower preferences identified and documented. <p>Resident # 4's Care Plan has been updated to include these preferences.</p> <p>Residents who are able to verbalize shower preferences have been identified and interviewed. Shower preferences have been identified and documented. Identified Resident's Care Plans have been updated to include these preferences.</p> <p>Nursing staff have been re-educated regarding Resident Rights - including the Right to make choices regarding their care.</p>		
F 242 SS=D	C/O #29421 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.	F 242		5/18/12	

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F 242	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to consider the resident's choices for one resident (#4) of nine residents reviewed.</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on September 26, 2008, with diagnoses including Insulin Dependent Diabetes Mellitus, Congestive Heart Failure, and Dementia.</p> <p>Medical record review of a Minimum Data Set dated March 27, 2012, revealed a Brief Interview for Mental Status (BIMS) score of eight. The Resident was unable to recall repeated words after a brief interval and required physical one person assistance with bathing.</p> <p>Review of the facility bathing schedule revealed the resident was to be assisted with a shower twice weekly on Tuesday and Friday.</p> <p>Medical record review of the Activity of Daily Living Flow Sheet for March 2012 revealed the resident received five showers on March 3, 16, (13 days between showers), 21, 23, and 27.</p> <p>Interview with Certified Nursing Assistant #2 on April 4, 2012, at 8:45 a.m. in the staff lounge, revealed Resident #4 "...often refuses...showers...when it is time (Resident) goes to activities...around 3:00 p.m. (Resident) says...I didn't get a shower...it is too late then."</p>	F 242	<p>Care Plans and Resident Interviews will be conducted to determine if showers are being given at preferred times. The DON or designee will audit 5 residents per week for 4 weeks, then 5 residents per month for three months.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</p>		

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F 242	Continued From page 4 Interview with Licensed Practical Nurse #2 on April 4, 2012, at the Nurses' Station revealed although Resident #3 did refuse showers it was not on the Plan of Care, nor did the Resident's Plan of Care include interventions to plan showers around the Resident's activities.			
F 246 SS=D	C/O #29327 483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure reasonable accommodations for individual needs for one Resident (#9) of nine residents reviewed. The findings included: Resident #9 was admitted to the facility on January 17, 2012, with diagnoses including Diabetes Mellitus and Atrial Fibrillation. Medical record review of the Care Plan dated February 27, 2012, revealed "...Diet...Regular...no salt...set-up (able to feed self after setting up food)."	F 246	<ul style="list-style-type: none"> F246 - Resident # 9 is now eating meals in the dining room. <p>Electric hot/cold food cart has been placed on this unit to keep hot foods hot and cold foods cold so foods are the correct temperature when served to the resident.</p> <p>Residents who prefer to dine in the dining room have been identified. Assistance is being provided to allow these residents to dine in their preferred setting.</p> <p>Residents that only require set-up of food trays will be served first. Trays will be kept in the Hot/Cold tray cart until ready to present to the resident.</p>	5/18/12

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F 246	<p>Continued From page 5</p> <p>Observation on April 5, 2012, at 1:15 p.m., in the resident's room revealed the resident with lunch tray and drinking the ice cream from the container.</p> <p>Interview with the resident on April 5, 2012, at 1:15p.m in the Resident's room revealed "...I like to go to the dining room to eat...I have to go to the bathroom after I eat...they said they have people who need to be fed...I cannot wait (In the dining room) that long...I eat in my room...I had to eat this first (referring to the ice cream) it is already melted and soupy...then my food is medium warm."</p> <p>C/O #29327</p> <p>F 371 SS=D 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview of the 2 South Resident wing the facility failed to ensure food was served at the correct temperature.</p> <p>The findings included:</p>	F 246	<p>Audits will be conducted to ensure Hot /Cold tray cart is being used correctly and that Resident preferences are being acknowledged. The DON or designee with audit two meals per week for 4 weeks then two meals per month for 3 months.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</p>	

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F 371	<p>Continued From page 6</p> <p>Review of the 2 South Staffing Schedule and Resident Census for April 10, 2012, revealed a total resident census of twenty-two residents; of those residents fifteen are total care and sixteen require total assistance with feeding. Further review of the staffing schedule revealed "...ideal staffing ...4.5 CNAs (Certified Nursing Assistants)."</p> <p>Observation of CNA staffing for 2 South on April 5, 2012, at the Noon meal revealed three CNA's. Continued observation of the Noon meal revealed the food cart for "feeders" arrived on the 2 South wing at 11:55 a.m. and was left on the long hall of 2 South. Although the plate of food was covered with an insulated dome covering, the cart itself was open. The trays of food contained pasta salad, drinks and ice cream. The cart remained on the nursing wing from 11:55 a.m. until the last tray was served at 1.25 p.m.</p> <p>Interview with CNA #4 on April 5, 2012, at 1:30 p.m., in the 2 South hallway revealed "...I get to them (trays) as soon as I can...you know some people eat faster than others..."</p> <p>Interview with the Dietary Manager and food temperature test at 1:05 p.m. at the 2 South food cart revealed "...we do not have any more squash or pasta salad...not sure about the meat." Observation and interview with the Dietary Manager confirmed the ice cream temperature was 51.8 degrees Fahrenheit. continued observation and interview with teh dietary Manager confirmed the ice cream was warm and liquid and when the thermometer was removed from the liquid ice cream the temperature dropped to 50.3 degrees Farenheit.</p>	F 371	<ul style="list-style-type: none"> F371 - Residents on 2 South now have foods served from a hot / cold food cart. Electric hot/cold food cart will be used on this unit to keep hot foods hot and cold foods cold so foods are the correct temperature when served to the resident. Residents who prefer to dine in the dining room have been identified. Assistance is being provided to allow these residents to dine in their preferred setting. Residents that only require set-up of food trays will be served first. Trays will be kept in the Hot/Cold tray cart until ready to present to the resident to ensure proper food temperatures. 	5/18/12	

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F 371	Continued From page 7 Interview with Resident #9 on April 5, 2012, at 1:15 p.m., in the Resident's room revealed "...I like to go to the dining room to eat...I have to go to the bathroom after I eat...they said they have people who need to be fed...I cannot wait (in the dining room) that long...I eat in my room... (resident drinking ice cream from the ice cream container)...I had to eat this first (referring to the ice cream) it is already melted and soupy...then my food is medium warm. C/O #29327	F 371	Audits will be conducted to monitor food temperatures and to ensure Hot /Cold tray cart is being used correctly. The Dining Manager or designee will audit two meals per week for 4 weeks then two meals per month for 3 months. The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to maintain an accurate and complete medical record for for one resident (#1) of nine residents reviewed.			

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F 514	<p>Continued From page 8</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on January 27, 2012, with diagnoses that included end stage Aortic Stenosis and Congestive Heart Failure requiring Hospice Care.</p> <p>Medical record review of Physician Orders dated February 1 to February 29, 2012, revealed an order for O2 (oxygen) at two liters and to keep SATs (oxygen saturation levels) above 90% (percent). Further review of the orders dated February 21, 2012, revealed "...make sure oxygen is continuous 2-4 liters at all times..."</p> <p>Interview with the Director of Nursing on April 2, 2012, at 2:00 p.m., at the Nursing Station revealed no facility policy could be located that was specific for documenting oxygen saturation levels.</p> <p>Interview with the Medical Director on April 2, 2012, at 2:10 p.m., revealed Resident #1's oxygenation saturation levels, when required to maintain saturation percentage, should be checked by a pulse ox at least twice daily.</p> <p>Review of the Vital Sign Chart (Oxygen Sat. column) revealed the facility failed to record the O2 pulse ox reading twenty (20) times during the month of February 2012 and zero (0) were recorded for the month of March 2012.</p> <p>Interview and review of the medical record with the Director of Nursing on April 2, 2012, at 2:30 p.m., at the Nurses' Station confirmed the Vital Sign Chart Record did not consistently record Resident #1's oxygen saturation levels.</p>	F 514	<ul style="list-style-type: none"> F-514 - Resident #1 expired prior to receiving the 2567. <p>Residents on PRN or continuous oxygen have been identified. Oxygen saturation is being monitored and documented as ordered.</p> <p>The policy and procedure on Oxygen Use has been reviewed and revised. Nursing staff have been educated on the Oxygen Use policy and procedure and proper documentation requirements.</p> <p>The DON or designee will audit 5 resident charts per week for 4 weeks, then 5 charts per month for 3 months for completion of vital signs and documentation of oxygen saturation.</p>	5/18/12	

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F 514	Continued From page 9 C/O #29513	F 514	The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.		