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

PRINTED: 04/04/2017
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445435		03/29/2017

NAME OF PROVIDER OR SUPPLIER: WOODBURY HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 110 WEST HIGH STREET, WOODBURY, TN 37190

(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)	(X5) COMPLETION DATE
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to demonstrate acceptable standards of practice for administering medications via a gastrostomy tube (G-tube) for 1 resident (#57) of 4 residents reviewed for medication administration with 30 medication opportunities. The findings included: Review of the facility's policy, Medications via Gastrostomy Tube, revised 6/1/16, revealed the policy required a cup for mixing medication and fluid. Additionally, the "General Guidelines" at #12 required, "Just before the syringe empties of water, add medications in accordance with physician order." Observation of medication administration for Resident #57 via G-tube on 3/28/17at 8:31 AM, and interview with Licensed Practical Nurse #1 revealed LPN #1 poured dry, crushed Senna Laxative (laxative) medication into the G-tube syringe which had just drained all the flush water into the G-tube. Continued observation revealed LPN#1 obtained additional water to pour in and stated, "I was not quick enough on it." Continued observation revealed LPN #1 poured additional	F 281	Disclaimer This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding. taken: F 281 Requirement: The services provided or arranged by the facility as outlined by the comprehensive care plan, must meet professional standards of quality. Corrective Action: 1. Licensed Practical Nurse #1 was immediately in-serviced by the Staffing Development Coordinator on 3-29-17 regarding not administering dry, crushed medication through G-tube. 2. 100% audit of all residents receiving medication via G-tube was completed by DON and/or designee on 4-7-17 to ensure compliance with G-tube policy and procedure. 3. DON and Staffing Development Coordinator were in-serviced by the RDCS on 3-29-17 regarding policy and procedure of medication administration via G-tube. All licensed nursing staff were in-serviced by the DON and/or designee beginning on 3-29-17, and to be completed by 4-14-17 regarding policy and procedure of medication administration via G-tube. 4. DON and/or designee will ensure compliance of policy and procedure of medication administration via G-tube through observation 5 times a week for 2 weeks, 3 times a week for 2 months or until 100% compliance is reached. DON and/or designee will report findings to	5-1-17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ADMINISTRATOR | (X6) DATE: 4-10-17

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.

X5FZ11 TN0802

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

PRINTED: 04/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445435		03/29/2017

NAME OF PROVIDER OR SUPPLIER: WOODBURY HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 119 WEST HIGH STREET, WOODBURY, TN 37190

(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)	(X5) COMPLETION DATE
F 281	Continued From page 1 water into the syringe which contained the crushed Senna Laxative, and the tip of the syringe immediately clogged. Further observation revealed LPN #1 removed the syringe from the G-tube and cleared the medication clog from the syringe tip. Continued observation revealed LPN #1 reattached the syringe to the G-tube and added water to the empty syringe which was observed to drain completely into the G-tube before she could add the dry crushed acetaminophen (analgesic). LPN #1 poured the dry acetaminophen medication, into the G-tube, added water, and swirled the mixture in the syringe. Continued observation revealed the medication did not to go in by gravity. Continued observation revealed LPN #1 massaged the gastrostomy tube, and after a minute, the acetaminophen was administered. Interview with the Registered Nurse (RN) Unit Manager (UM) on 3/29/17 at 10:40 AM, confirmed the medication nurse should not have let the syringe go dry, and medications should not be placed in the syringe dry. "Our policy is to crush the medication in (plastic) packets, and put the crushed medication in a medicine cup with a little bit of water, about 5 to10 ml [milliliters] typically. Each medication is in a separate medicine cup and administered into a syringe that still contained some water. Continued interview confirmed the danger with putting dry medication (not mixed first with water) in a syringe is that the tube will stop up." Further interview confirmed the facility failed to follow their policy for medication administration.	F 281	the Quality Assurance and Performance Improvement committee for 3 months and/or until 100% compliance is achieved. The QA committee consists of Medical Director, Administrator, Director of Nursing and other staff.	
F 356 SS=D	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION	F 356		

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

PRINTED: 04/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445435		03/29/2017

NAME OF PROVIDER OR SUPPLIER
WOODBURY HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
118 WEST HIGH STREET
WOODBURY, TN 37190

(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)	(X5) COMPLETION DATE
F 356	Continued From page 2 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law) (C) Certified nurse aides. (iv) Resident census. (2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. (3) Public access to posted nurse staffing data. The facility must, upon oral or written request,	F 356	F 356 Requirement: (1) Data requirements: The facility must post the following information on a daily basis: (i) Facility name, (ii) The current date, (iii) the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses; (B) Licensed practical nurses or licensed vocational nurses, (C) Certified nurse aides. (iv) Resident Census. (2) Posting requirements: (i) The facility must post the nurse staffing data as follows: (A) Clear and readable format, (B) in a prominent place readily accessible to residents and visitors, (3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by state law, whichever is greater. Corrective Action: 1. The daily nursing staff sheet was completed and placed in designated area on 3-27-17 at 1045 AM. 2. 100% audit was completed by the DON of all other staffing sheets up to 3-26-17 to ensure compliance. 3. DON was in-serviced by RDCS on 3-28-17 regarding timely posting of daily nursing staff information. DON in-serviced Staffing Coordinator on 3-28-17 regarding timely posting of daily nursing staff information. 4. DON and/or designee will ensure compliance of daily nursing staff information through observation 5 times a week for 2 weeks, 3 times a week for 2 months or until 100% compliance is reached. DON and/or designee will report findings to the Quality Assurance and Performance Improvement committee for 3 months and/or until 100% compliance is achieved. The QA committee consists of Medical Director, Administrator, Director of Nursing and other staff.	5-1-17

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

PRINTED: 04/04/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445435		03/29/2017

NAME OF PROVIDER OR SUPPLIER: WOODBURY HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 119 WEST HIGH STREET, WOODBURY, TN 37190

(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)	(X5) COMPLETION DATE
F 356	Continued From page 3 make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on review of the facility's policy, observation, and interview, the facility failed to post accurate daily nurse staffing for 1 of 3 days observed. The findings included: Review of the facility policy, Posting of Nursing Staffing, revealed "...The number of each type of nursing staff shall be posted in a common area of the facility and updated daily..." Observation on 3/27/17 at 9:00 AM on the main hall, outside the Administrator's office, revealed the staffing information posted did not accurately reflect nursing staff on duty for current date. The staffing information posted reflected staff scheduled for the prior date of 3/26/17. Interview with the Administrator on 3/27/17 at 10:30 AM, in the Administrator's office, confirmed the nurse staffing had not been updated to reflect the current nurse staffing for 3/27/17.	F 356		