

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

DEC 30 2010

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/22/2010 |
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| NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 260 HERNDON DRIVE BELLS, TN 38006 |
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| (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 441 SS=D | <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of Infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> | F 441 | <p>F441 SS=D</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>Requirement:</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Mandatory inservice was conducted on 12-22-10 with all licensed staff on proper hand hygiene during medication administration and after each direct resident care contact. Proper handwashing technique also demonstrated. Medication Nurse #2 was inserviced one on one on 12-24-10 by the Assistant Administrator and Assistant Director of Nursing on proper hand hygiene. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Acceptable POE 12/29/10 JPHM* TITLE ADMINISTRATOR (X6) DATE 12-28-10

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 74 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.

This same POE was faxed 12/28/10 JPH

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| F 441 | Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on policy review and observations, it was determined 1 of 5 (Nurse #2) medication nurses failed to maintain infection control practices to prevent the potential spread of infection by not using sanitary hand hygiene. The finding included: Review of the facility's "Hand Washing, Special Points to Remember" policy documented, "...1. Wash hands after caring for each patient. 2. Wash hands after attending to personal need or handling contaminated articles..." Observations in room 229 on 12/20/10 at 10:35 AM, revealed Nurse #2 entered the resident's room, donned gloves, performed an accucheck, removed gloves, went to the nurses' station, documented on the medication administration record (MAR), went to the medication room, touched the stock shelves, gathered supplies, opened the refrigerator, obtained an insulin vial, drew up two units of Novolin R, proceeded to resident's room, knocked on the door, donned gloves, and administered the insulin. Nurse #2 did not wash her hands after removing her gloves or prior to preparing medications. | F 441 | 4. The Director of Nursing, Assistant Director of Nursing and/or designee will observe each medication nurse during medication administration for proper hand hygiene. 5. Periodic monitoring of medication administration with observation of proper hand hygiene will be done by the Director of Nursing, Assistant Director of Nursing and/or designee. Results of monitoring will be reported to the Performance Improvement Committee Quarterly. | 12-31-10 | |
| F 504 SS=D | 483.75(j)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN The facility must provide or obtain laboratory services only when ordered by the attending physician. This REQUIREMENT is not met as evidenced by: | F 504 | F504 SS=D 483.75 (j)(2)(i) LAB SVCS ONLY WHEN ORDERED BY A PHYSICIAN Requirement: The facility must provide or obtain laboratory services only when ordered by attending physician. | | |

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| F 504 | <p>Continued From page 2</p> <p>Based on medical record review and interview, it was determined the facility failed to follow physician's orders for obtaining lab work and obtained lab work without a physician's order for 1 of 20 (Resident #12) sampled residents.</p> <p>The findings included:</p> <p>Medical record review for Resident #12 documented an admission date of 2/19/08 with diagnoses of Diabetes, Cardiovascular Accident with right side weakness, Hypertension, Thoracic Aortic Aneurysm, and Depression. Review of a physician's order written on the hepatic panel lab results dated 3/22/10 documented, "Repeat hepatic panel in 2 [two] weeks." Review of lab test results for Resident #12 documented a Complete Blood Count (CBC) was obtained on 6/21/10 and a Glycosolated Hemoglobin (Hgb A1C) was obtained on 6/23/10. The facility was unable to provide documentation of a physician's order for the CBC obtained on 6/21/10 or for the Hgb A1C obtained on 6/23/10.</p> <p>During an interview in the west side staff lounge on 12/21/10 at 8:05 AM, the Licensed Practical Nurse (LPN) chart auditor stated, "Nursing responsibility to carry through with MD [Medical Doctor] order, check laboratory, check documentation and MD order. The hepatic panel was not done in two weeks as MD ordered."</p> <p>During an interview in the west side staff lounge on 12/21/10 at 8:35 AM, the LPN chart auditor was asked was there an order for the 6/21/10 CBC and 6/23/10 Hgb A1C lab work. The LPN chart auditor stated, "...they [nurses] did not catch it [order] ...I am not going to have an order for it..."</p> | F 504 | <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Facility will provide or obtain laboratory services only when ordered by the attending physician. 2. The attending physician of Resident #12 was notified of survey findings by Assistant Administrator. Hgb A1C and hepatic panel were obtained on 12-20-10 and reviewed by physician on 12-22-10 with no new orders received. 3. Mandatory inservice was conducted on 12-22-10 by the Director of Nursing and Assistant Administrator with all licensed nurses on following physician's orders for obtaining lab work only as ordered by physician. 4. Each resident's chart will be reviewed by the Director of Nursing, and/or designee to assure laboratory services are provided and obtained as ordered by the attending physician. 5. The Performance Improvement Nurse will monitor all lab orders weekly for 12 weeks, then 10% of facility census for 12 weeks, then 5% of facility census for 12 weeks to assure laboratory services are provided and obtained according to physician orders. 6. The Performance Improvement Nurse will monitor and report findings of audits to the Performance Improvement Committee quarterly. | 12-31-10 | |

CBR