

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

RECEIVED

PRINTED: 10/12/2009
FORM APPROVED
OMB NO. 0938-0391

OCT 15 2009

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 10/06/2009
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NAME OF PROVIDER OR SUPPLIER BELLS NURSING HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 260 HERNDON DRIVE BELLS, TN 38006
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F 315 SS=D	<p>483.25(d) URINARY INCONTINENCE</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure an appropriate diagnosis was provided for an indwelling catheter for 1 of 6 (Resident #7) sampled residents with catheters.</p> <p>The findings included:</p> <p>Medical record review for Resident #7 documented readmission of 7/2/09 with diagnoses of Congestive Heart Failure, Urinary Tract Infection and Arterial Occlusive Disease. A physician's order dated 7/2/09 documented, "Foley cath [catheter]...to BSD [bedside drainage]..." A nursing note documented the catheter was discontinued on 7/20/09. There was no diagnosis for the justification of the need of a Foley catheter.</p> <p>During an interview in the Activities office on 10/6/09 at 9:55 AM, Nurse #2 stated, "...kept it [catheter] in for Stage 2...the patient was feeble..."</p>	F 315	<p>F315 483.25(d) Urinary Incontinence</p> <p>Resident #7 foley catheter was removed on 7/20/09 following bladder toning.</p> <p>Any resident admitted with a foley catheter or who receives an order for foley catheter will be assessed for valid justification.</p> <p>No resident will have a foley catheter without a valid justification.</p> <p>The Director of Nursing assessed each resident with indwelling foley catheter ensuring a valid justification.</p> <p>On 10-7-09 all licensed nursing staff was in-serviced regarding foley catheter justifications.</p> <p>Performance Improvement Nurse will audit 100% of foley catheter orders to ensure valid justifications.</p>	10/7/09
F 323 SS=D	<p>483.25(h) ACCIDENTS AND SUPERVISION</p>	F 323	<p>F323 483.25(h) Accident s and Supervision</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Craig B. Lamm* TITLE: *ADMINISTRATOR* (X8) DATE: *10-15-09*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 323

Continued From page 1
The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to implement new interventions for falls for 1 of 7 (Resident #8) sampled residents with falls.

The findings included:

Medical record review for Resident #8 documented an admission date of 10/23/08 with diagnoses of Hypertension, Status Post Motor Vehicle Accident 20 years ago resulting in a hip and foot deformity, Arthritis and Seizures. Resident #8's nursing care plan documented, "...Problem Onset: 01/22/2009 Falls, high risk for... Approaches... Call light: Place call light within reach at all times when in room. Instruct on the purpose and use of call light and verify understanding..." The care plan indicated Resident #8 had a fall on 6/4/09 and 8/14/09. The nursing care plan documented, "6/4/09 Cont. [continue] to instruct on purpose of call light and verify understanding and cont to encourage resdt [resident] to use...8/14/09 Cont to keep call light in reach, instruct on the purpose & [and] use of call light and verify understanding." There were no new interventions implemented after Resident #8 fell on 6/4/09 and 8/14/09.

F 323

Resident #8 was reassessed by Fall Management Committee and new intervention was Implemented on 10/6/09 to include Physical Therapy assessment. Care plan updated on 10/6/09 to include new intervention. On 10-7-09 Fall management coordinator reviewed all residents with repeat falls for 2009 to ensure new interventions were in place. On 10/7/09 and 10/8/09 and 10/9/09 all Licensed staff was in-serviced by Director of Nursing of Fall interventions requirements. Performance Improvement Nurse will audit residents with falls to ensure new interventions are implemented.

10/9/09

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F 323	Continued From page 2 During an interview in the Activities office on 10/6/09 at 9:45 AM, Nurse #4 confirmed no new interventions had been implemented after the falls.	F 323			
F 441 SS=D	483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility staff failed to follow infection control practices by not cleansing a wound prior to applying a new dressing during 1 of 2 (Resident #7) dressing change observations. The findings included: Review of the facility's "Dressing Change" policy documented, "Purpose: ...2. To cleanse a wound... Cleanse the wound with an antiseptic ordered by the physician. Start from either direction and work away from the wound using new gauze with each swipe..." Medical record review for Resident #7 documented a readmission of 7/2/09 with	F 441	F 441 486.65(a) Infection Control On 10-6-09 resident # 7 DTI to Right heel Was checked by Director of Nursing and Treatment nurse. No signs of infection noted To DTI of right heel. On 10-6-09 treatment nurse demonstrated for the Director of Nursing and Regional Quality Assurance Nurse correct dressing change technique for resident #7. On 10-6-09 Staff Educator monitored Treatment nurse dressing change technique on 4 other residents for correct procedure. On 10-6-09 all licensed staff in-serviced by Director of Nursing on correct dressing change technique. Periodic monitoring of dressing change technique will be done by Performance Improvement Nurse with results reported to Infection Control and Performance Improvement Committee.	10/14/09	

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F 441	<p>Continued From page 3</p> <p>diagnoses of Congestive Heart Failure, Urinary Tract Infection and Arterial Occlusive Disease. Review of a physician's order dated 10/1/09 documented, "Right heel DTI [deep tissue injury] PU [pressure ulcer] clean c [with] DWC [Daily Wound Cleanser], use granulex topically and apply dry dressing til [until] closed."</p> <p>Observations of a dressing change in Resident #7's room on 10/5/09 at 9:20 AM, revealed Nurse #1 performed a dressing change on Resident #7. After Nurse #1 washed her hands she removed the dressing from Resident #7's right heel and placed it in a plastic bag. Nurse #1 then removed her gloves, washed her hands and reapplied a pair of gloves. Nurse #1 proceeded to spray the pressure ulcer on Resident #7's right heel with granulex spray, applied a dressing and wrapped the pressure ulcer with kerlix. Nurse #1 did not cleanse the wound prior to applying the granulex spray and dressing the pressure ulcer.</p> <p>During an interview on the West hall on 10/5/09 at 10:50 AM, when asked about cleansing the wound Nurse #1 stated, "I forgot it [to cleanse the wound], I realized it as soon as I threw my stuff in the bag. I was nervous and afraid to say anything."</p>	F 441		
F 502 SS=D	<p>483.75(j)(1) LABORATORY SERVICES</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review</p>	F 502	<p>F 502 483.75(j) (1) Laboratory Services</p> <p>Resident #6 Potassium level drawn on 9/21/09</p> <p>Attending Physician notified of results on 9/22/09.</p> <p>Resident # 12 Prottime drawn on 10/6/09 and 10/12/09. Attending Physician notified of results on 10/7/09 and 10/13/09.</p>	

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F 502	<p>Continued From page 4</p> <p>and interview, it was determined the facility failed to ensure laboratory (lab) tests were performed in a timely for 3 of 21 (Residents #6, 12 and 13) sampled residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the facility's "PROTOCOL FOR LAB RESIDENT LAB TEST" documented, "...Write all labs...on calender at nurses station...Patient Care Coordinator will monitor monthly labs and correspond with [named lab] to ensure promptness of collection... [named lab] will fax list to our facility of monthly/scheduled labs. This list is posted at nurses stations and checked for accuracy by the Patient Care Coordinator..." Medical record review for Resident #6 documented an admission date of 7/23/01 with diagnoses of Hypokalemia, Peripheral Edema, Depressive Disorder, Acute Paranoid Reaction, Gastroesophageal Reflux Disease, Neuralgia and Parkinson's Disease. A physicians's order dated 3/24/09 documented "...Serum K+ [Potassium level] in 2 wk [weeks]..." The facility was unable to provide documentation that the K+ was performed as ordered. <p>During an interview at the West hall nurses station on 10/5/09 at 10:00 AM, Nurse #3 stated, "...they did not do the order requesting the K+ ordered in two weeks...I checked with lab..."</p> <ol style="list-style-type: none"> Medical record review for Resident #12 documented an admission date of 9/2/08 with diagnoses of Weakness, Vertigo, Osteoarthritis, Hypertension, Gastroesophageal Reflux Disease, Chronic Bronchitis, Hypokalemia, Diabetes, Hypothyroidism, Congestive Heart Failure and 	F 502	<p>Resident # 13 CBC, Prottime with INR drawn on 10/5/09 and 10/12/09. Attending physician notified of results on 10/6/09 and 10/13/09.</p> <p>On 10/6/09 100% of resident records requiring laboratory Blood analysis were audited by licensed nurses ensuring Blood work was performed; results were on the medical record and attending physician was notified.</p> <p>On 10-6-09 Policy on laboratory blood analysis was reviewed by Director of Nursing , Assistant Administrator, and Administrator for any needed revisions.</p> <p>On 10/7/09 and 10-14-09 Licensed Nursing staff was in-serviced by Director of Nursing regarding policy on laboratory blood analysis.</p> <p>Performance Improvement Nurse will monitor 20% of resident census monthly x 12 months for timely laboratory blood analysis, documented results on record and notification of attending physician. Results of the audits will be reported to Performance Improvement Committee.</p>	10-14-09
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F 502	<p>Continued From page 5</p> <p>Left Lower Extremity Deep Vein Thrombosis. A physicians's order dated 7/1/09 documented "Weekly Pro-X [prothrombin time] on Mondays..." The facility was unable to provide results of the prothrombin time that was to be done on 8/3/09 and 8/27/09.</p> <p>During an interview at the West hall nurses station on 10/6/09 at 8:08 AM, Nurse #2 stated, "...8/3/09 [pro-x] was just missed. That one was not on the calender... was marked [Prottime] 8/24/09 [on calender] but it was very small [writing]..."</p> <p>4. Medical record review for Resident #13 documented an admission date of 2/19/08 with diagnoses of Cerebrovascular Accident, Thoracic Aortic Aneurysm, Depression, Hypertension, Status Post Percutaneous Endoscopic Jejunostomy and Alcoholic Psychosis. Review of "Bells Nursing Home Standing Orders" documented, "...Coumadin Tx [treatment] residents are to have a Prottime [PT] with INR [International Normalized Ratio] ...monthly unless otherwise ordered by the physician..." There was no documentation the PT with INR for April 2009 was done. Review of a 9/23/09 physician's order documented, "...CBC [Complete Blood Count] & [and] Pro-X c [with] INR on 9/28/09..." The facility was unable to provide documentation that the CBC & Pro-X c INR were done as ordered.</p> <p>During an interview in the Activities office on 10/6/09 at 11:00 AM, Nurse #5 stated, "...it [CBC and Pro-X was overlooked..."</p>	F 502		
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