

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

PRINTED: 10/16/2015
FORM APPROVED
OMB NO. 0938-0391

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 10/14/2015
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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 213 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
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F 332 SS=D	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the "American Society of Consultant Pharmacists Medication Guide for the Long-Term Care Nurse", review of the "American Society of Consultant Pharmacists Geriatric Medication Handbook", medical record review, observation and interview, the facility failed to ensure 2 of 5 nurses (Licensed Practical Nurse (LPN) #1 and 2) administered medication with an error rate of less than 5 percent (%). A total of 2 errors were observed out of 32 opportunities, resulting in an error rate of 6.25%.</p> <p>The findings included:</p> <ol style="list-style-type: none"> The "American Society of Consultant Pharmacists Medication Guide for the Long-Term Care Nurse" Fourth Edition, page 67 and 68, documented, "Administration of Medication Via Feeding Tube...Different medications should not be mixed together for administration..." The "American Society of Consultant Pharmacists Geriatric Medication Handbook" Tenth Edition, page 64, documented, "...ENTERAL TUBE MEDICATION ADMINISTRATION... If administering more than one medication, flush with 5ml [milliliter] of water, or prescribed amount, between each medication..." <p><i>acceptable poc 10/29/15 JRP PHN 2</i></p>	F 332	<p>F 332 SS=D 483.25 (m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE Requirement: The facility must ensure that it is free of medication error rates of five percent or greater. Finding: 1. Observations at the medication cart outside Resident #1's room on 10/13/15 at 8:46 AM revealed, LPN #1 gathered and crushed Senokot-S, Keppra, Lisinopril, Prevacid and Centrum Silver for Resident #1 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with 30 milliliters of water. LPN #1 entered Resident #1's room with the prepared medications to the resident resulting in medication error #1 and administered the cocktailed medications to the resident resulting in medication error #1.</p> <p>2. Observations at the medication cart outside Resident #27's room on 10/13/15 at 4:14 PM, revealed, LPN #2 gathered and crushed Ativan, Lasix and Docusate Sodium for Resident #27 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with an ordered protein supplement. LPN #2 entered Resident #27's room with prepared medications and administered the cocktailed medications to the resident resulting in medication error #2.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Craig B. Laman</i>	TITLE <i>ADMINISTRATOR</i>	(X6) DATE <i>10-29-15</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.

RECEIVED
OCT 28 2015

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 10/14/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
(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 332	<p>Continued From page 1</p> <p>3. Medical record review revealed Resident #1 was admitted to the facility on 2/12/98 with diagnoses of Alzheimer's disease, Type 2 Diabetes Mellitus, Hypertension, Esophageal Reflux, Dysphagia and Gastrostomy.</p> <p>The "Physician Orders" dated October 2015 documented, "...NOTHING BY MOUTH... SENOKOT-S ONE PER PEG [percutaneous endoscopy gastrostomy tube] TWICE DAILY... KEPRA 500 MG [milligram] ONE PER PEG TWICE DAILY... LISINAPRIL 20 MG ONE PER PEG DAILY... PREVACID 30 MG SOLUTAB GIVE ONE PER PEG DAILY... CENTRUM SILVER ONE PER PEG DAILY..."</p> <p>Observations at the medication cart outside Resident #1's room on 10/13/15 at 8:46 AM revealed, LPN #1 gathered and crushed Senokot-S, Kepra, Linsinopril, Prevacid and Centrum Silver for Resident #1 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with 30 milliliters of water. LPN #1 entered Resident #1's room with the prepared medications and administered the cocktailed medications to the resident resulting in medication error #1.</p> <p>4. Medical record review revealed Resident #27 was admitted to the facility on 7/21/03 and readmitted on 1/12/13 with diagnoses of Alzheimer's Disease, Anxiety, Diastolic Heart Failure, Hemiplegia Following Cerebral Infarct, Peripheral Vascular Disease, Reflux Disease, Chronic Obstructive Pulmonary Disease, Constipation, Dysphagia and Gastrostomy.</p> <p>The "Physician Orders" dated October 2015 documented, "...NOTHING BY MOUTH... ATIVAN</p>	F 332	<p>Corrective Action:</p> <p>1. On October 22-23, 2015 the facility's consulting pharmacist and physician evaluated each medication for those prescribed to residents with a percutaneous endoscopic gastrostomy (PEG) tube. Education was done on October 28, 2015 regarding proper medication administration through a percutaneous endoscopic gastrostomy (PEG) tube.</p> <p>The Director of Nursing and/or designee will perform medication administration audits weekly for 4 weeks, monthly for 4 months and at random times throughout each quarter for 1 year and will report effectiveness of compliance to the Performance Improvement Committee Quarterly.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: October 28, 2015</p>	10/28/15

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(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 332	Continued From page 2 0.5 MG ONE PER PEG TWICE DAILY... LASIX 20 MG GIVE ONE PER PEG TWICE DAILY... DOCUSATE SODIUM 100 MG GIVE ONE PER PEG TWICE DAILY..." Observations at the medication cart outside Resident #27's room on 10/13/15 at 4:14 PM, revealed, LPN #2 gathered and crushed Ativan, Lasix and Docusate Sodium for Resident #27 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with an ordered protein supplement. LPN #2 entered Resident #27's room with the prepared medications and administered the cocktailed medications to the resident resulting in medication error #2. 5. Interview with the Director of Nursing (DON) on 10/14/15 at 2:45 PM, in the DON office, the DON confirmed the facility's nurses cocktailed PEG medications.	F 332			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility	F 371	F371 483.25(i) FOOD PROCURE, STORE/PREPARE/SERVE- SANITARY SS =D Requirement: The facility must- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions. Finding: 1. Observations in the kitchen on 10/12/15 at 8:10 AM, revealed 8 cartons of Activia with an expiration date of 10/8/15. 2. Observations in the kitchen on 10/12/15 at 8:15 AM, revealed 2 frying pans and 3 baking sheets with carbon build-up.		

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
(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 371	Continued From page 3 failed to ensure food was not expired and the pans did not have carbon build-up on 1 of 3 (10/12/15) days of observation. The findings included: Observations in the kitchen on 10/12/15 at 8:10 AM, revealed 8 cartons of Ativia with an expiration date of 10/8/15. Interview with the Certified Dietary Manager (CDM) #1 on 10/12/15 at 8:14 AM, CDM #1 was asked if the Activia was expired. The CDM #1 stated, "Yes, it is." Observations in the kitchen on 10/12/15 at 8:15 AM, revealed 2 frying pans and 3 baking sheets with carbon build-up. Interview with the CDM #1 on 10/12/15 at 8:15 AM, CDM #1 was asked if that was carbon build-up on the pans. The CDM #1 stated, "Yes, we are not allowed to use [named chemical product]. It was too strong to have in the kitchen."	F 371	Corrective Action: 1. On 10/12/15, 8 cartons of Activia with an expiration date of 10/8/15 were discarded. Expiration dates will be monitored upon delivery of products to the facility. The dietary manager or designee will audit dairy products twice daily and will report effectiveness to the performance improvement nurse for 3 months. Therein, audits will be ongoing to maintain compliance. 2. On 10/12/15, the 2 frying pans and 3 baking sheets were cleaned thoroughly. The dietary manager and/or designee will conduct an audit weekly to monitor for carbon build-up on pots and pans. Pots and pans will be cleaned as necessary in order to prevent carbon build-up to maintain compliance. The dietary manager or designee will report effectiveness quarterly for 2 quarters to the Performance Improvement Committee. continued on next page	
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and	F 425	F425 SS=D 483.60(a),(b) PHARMACEUTICAL SVC- ACCURATE PROCEDURES, RPH Requirement: The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in 483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure	

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006	
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F 371	continued from page 4	F 371	<p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: October 12, 2015</p> <p style="text-align: right;">10/12/15</p>

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
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F 425	<p>Continued From page 4</p> <p>administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the "American Society of Consultant Pharmacists Medication Guide for the Long-Term Care Nurse", review of the "American Society of Consultant Pharmacists Geriatric Medication Handbook", policy review, medical record review, observation and interview, the facility's Consultant Pharmacist failed to identify and inform the facility of pertinent information related to administration of medications via Percutaneous Endoscopy Gastrostomy Tube (PEG) as evidenced by 2 of 5 (Licensed Practical Nurses (LPN) #1 and 2) nurses observed administering medications combined all of the crushed medications in one cup.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The "American Society of Consultant Pharmacists Medication Guide for the Long-Term Care Nurse" Fourth Edition, page 67 and 68, documented, "Administration of Medication Via Feeding Tube...Different medications should not be mixed together for administration..." 2. The "American Society of Consultant Pharmacists Geriatric Medication Handbook" 	F 425	<p>the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Finding:</p> <p>Based on review of the "American Society of Consultant Pharmacists Medication Guide for the Long-Term Care Nurse," review of the "American Society of Consultant Pharmacists Geriatric Medication Handbook," policy review, medical record review, observation and interview, the facility's Consultant Pharmacist failed to identify and inform the facility of pertinent information related to administration of medications via Percutaneous Endoscopy Gastrostomy Tube (PEG) as evidenced by 2 of 5 (Licensed Practical Nurses (LPN) #1 and 2) nurses observed administering medications combined all of the crushed medications in one cup.</p> <p>Corrective Action:</p> <p>On 10/22/15 the facility's consulting pharmacist educated facility management on updated regulations regarding proper medication administration through a percutaneous endoscopic gastrostomy (PEG) tube.</p> <p>Facility management inserviced all nursing staff on 10/28/15 regarding updated regulations pertaining to proper medication administration through a percutaneous endoscopic gastrostomy (PEG) tube.</p>		

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
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F 425	<p>Continued From page 5</p> <p>Tenth Edition, page 64, documented, "...ENTERAL TUBE MEDICATION ADMINISTRATION" ... If administering more than one medication, flush with 5ml [milliliter] of water, or prescribed amount, between each medication..."</p> <p>3. The facility's "Pharmacy Services - Role of the Consultant Pharmacist" policy dated April 2007 documented, "...The Consultant Pharmacist shall provide consultation on all aspects of pharmacy services in the facility, including (but not limited to)... Identifying pertinent resources and references about medications and their proper use and monitoring in the population... Helping the nursing staff evaluate and optimize their medication administration and documentation processes..."</p> <p>4. Medical record review revealed Resident #1 was admitted to the facility on 2/12/98 with diagnoses of Alzheimer's disease, Type 2 Diabetes Mellitus, Hypertension, Esophageal Reflux, Dysphagia and Gastrostomy.</p> <p>The "Physician Orders" dated October 2015 documented, "...NOTHING BY MOUTH... SENOKOT-S ONE PER PEG TWICE DAILY... KEPPRA 500 MG [milligram] ONE PER PEG TWICE DAILY... LISINOPRIL 20 MG ONE PER PEG DAILY... PREVACID 30 MG SOLUTAB GIVE ONE PER PEG DAILY... CENTRUM SILVER ONE PER PEG DAILY..."</p> <p>Observations at the medication cart outside Resident #1's room on 10/13/15 at 8:46 AM revealed, LPN #1 gathered and crushed Senokot-S, Keppra, Linsinopril, Prevacid and</p>	F 425	<p>The facility's consulting pharmacist will inform facility management on any updated regulations monthly.</p> <p>Facility management will report any pertinent updated regulations to the performance improvement committee quarterly for 2 quarters.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: October 28, 2015</p>	10/28/15	

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
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F 425	<p>Continued From page 6</p> <p>Centrum Silver for Resident #1 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with 30 milliliters of water. LPN #1 entered Resident #1's room with the prepared medications and administered the cocktailed medications to the resident resulting in medication error #1.</p> <p>5. Medical record review revealed Resident #27 was admitted to the facility on 7/21/03 and readmitted on 1/12/13 with diagnoses of Alzheimer's Disease, Anxiety, Diastolic Heart Failure, Hemiplegia Following Cerebral Infarct, Peripheral Vascular Disease, Reflux Disease, Chronic Obstructive Pulmonary Disease, Constipation, Dysphagia and Gastrostomy.</p> <p>The "Physician Orders" dated October 2015 documented, "...NOTHING BY MOUTH... ATIVAN 0.5 MG ONE PER PEG TWICE DAILY... LASIX 20 MG GIVE ONE PER PEG TWICE DAILY... DOCUSATE SODIUM 100 MG GIVE ONE PER PEG TWICE DAILY..."</p> <p>Observations at the medication cart outside Resident #27's room on 10/13/15 at 4:14 PM, revealed, LPN #2 gathered and crushed Ativan, Lasix and Docusate Sodium for Resident #27 and placed all of the crushed medications into a 12 ounce plastic cup, and dissolved the medications with an ordered protein supplement. LPN #2 entered Resident #27's room with the prepared medications and administered the cocktailed medications to the resident resulting in medication error #2.</p> <p>6. Interview with the Director of Nursing (DON) on 10/14/15 at 2:45 PM, in the DON office, the DON was asked if the facility's Consultant</p>	F 425			

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F 425	Continued From page 7 Pharmacist had provided the facility with the standard of practice requiring medications being given via PEG were to be administered individually. The DON stated, "Not to my knowledge."	F 425		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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.	F 441	F441 SS=D 483.65 INFECTION CONTROL, PREVENT, SPREAD, LINENS Requirement: 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. Finding: Based on policy review, medical record review, observation and interview, the facility failed to ensure 1 of 5 Licensed Practical Nurses (LPN #3) administered medications according to established infection control guidelines for hand hygiene. Corrective Action: The Director of Nursing and/or designee educated the Licensed Practical Nurse (LPN #3) on 10/15/2015 regarding proper medication administration pertaining to eye drops with emphasis on infection control.	

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NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(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	<p>Continued From page 8</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, the facility failed to ensure 1 of 5 Licensed Practical Nurses (LPN #3) administered medications according to established infection control guidelines for hand hygiene.</p> <p>The findings included:</p> <p>The facility's "Installation of Eye Drops" policy documented, "...Perform proper hand hygiene... Put on gloves..."</p> <p>Medical record review revealed Resident #55 was admitted to the facility on 6/23/15 with diagnoses of Hypertension, Gastro-esophageal Reflux, Osteoarthritis and Glaucoma. The "Physician Orders" dated September 2015 documented, "...TIMOLOL 0.5% [percent] INSTILL ONE DROP TO BOTH EYES TWICE DAILY..."</p> <p>Observations at the medication cart outside Resident #55's room on 10/13/15 at 8:15 AM, revealed LPN #3 applied antiseptic hand gel, donned gloves and gathered the resident's medications. LPN #3 entered the resident's room, approached the bedside and administered the resident's eye drops without performing further hand hygiene or donning clean gloves.</p>	F 441	<p>The Director of Nursing inserviced the licensed nursing staff which includes Registered Nurses (RN) and Licensed Practical Nurses (LPN) during a large group inservice on 10/21/2015 regarding proper medication administration pertaining to eye drops with emphasis on infection practices.</p> <p>The Director of Nursing and/or designee will perform medication administration audits weekly for 4 weeks, monthly for 4 months and at random times throughout each quarter for 1 year and report compliance to the Performance Improvement Committee Quarterly.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: October 21, 2015</p>	10/21/15	

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

PRINTED: 10/16/2015
FORM APPROVED
OMB NO. 0938-0391

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 10/14/2015
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
(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	Continued From page 9 Interview with the Director of Nursing (DON) on 10/14/15 at 2:45 PM, in the DON office, when asked, "Should the nurse giving eye drops, after gathering medications at the medication cart wash her hands and change her gloves before administering the eye drops to the resident?" The DON stated, "Yes."	F 441			

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OCT 28 2015