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

PRINTED: 06/24/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445467	A. BUILDING _____ B. WING _____	06/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROCKETT CO NURSING HOME	580 W MAIN STREET ALAMO, TN 38001

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F 221 SS=E	483.13(a) PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation, and interview, it was determined the facility failed to assess reclined Geriatric (Geri) chairs, Geri chair trays, pummel cushions, or self-release belts as restraints/enablers for 6 of 6 (Residents #1, 9, 14, 15, 16 and 17) observed residents with restraints/enablers. The findings included: 1. Review of the facility's "Restraint Policy" documented, "...The assessment documentation will indicate how the device is to be used, either as a physical restraint, a positioning device or enabler. " 2. Medical record review for Resident #1 documented an admission date of 12/2/03 with diagnoses of Arteriosclerotic Heart Disease, Alzheimer's, Anxiety, Insomnia, Pulmonary Edema, and Hypertension. Review revealed there was no documented "Pre-Restraint Assessment" completed for the Velcro waist belt. Observations in the dining room on 6/22/09 at 8:29 AM and 12:34 PM, on 6/23/09 at 12:50 PM and on 6/24/09 at 7:25 AM revealed Resident #1 had a Velcro waist belt on. During an interview in the dining room on 6/22/09	F 221	F 221 **483.13(a) PHYSICAL RESTRAINTS** **SS = E** **Requirement:** 1. The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. The facility must ensure that a restraint/device assessment is completed on the resident prior to the use of a restraint or device. **Corrective Action:** 2. A device assessment was completed for resident #1 3. A device assessment was completed on resident #9 and physician's order written for reclined Geri chair as an enabler to be out of bed for position and comfort. 4. A restraint assessment was completed on resident #14 and the pommel cushion was d/c'd. 5. A device assessment was completed on resident #15. 6. A device assessment was completed on resident #16 7. A device assessment was completed on resident #17. A restraint/device assessment will be completed on all residents prior to the use of a restraint or device and will be updated quarterly.	

acceptable POC 7/7/09 [illegible]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sherma Crutchfield	Administrator	7-1-09

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 221	Continued From page 1 at 12:34 PM, the surveyor asked Resident #1 if she could remove the Velcro waist belt. Resident #1 could not remove the velcro waist belt. 3. Medical record review for Resident #9 documented an admission date of 4/6/06 with diagnoses of Senile Dementia, Hypertension, and Osteoarthritis. The Minimum Data Set (MDS) dated 6/16/09 documented, "P4. Devices and Restraints e. chair prevents rising - 0. not used." Observations in Resident #9's room on 6/22/09 at 7:45 AM, 9:05 AM, and 9:55 AM, revealed Resident #9 reclined in the Geri chair with the over bed table across the chair. Observations in Resident #9's room on 6/23/09 at 10:00 AM, revealed Resident #9 being ambulated to the bathroom, returned to the Geri chair and reclined with the over bed table placed across the chair. Observations in the South hallway on 6/23/09 at 10:35 AM, revealed Resident #9 ambulating assisted by Certified Nursing Assistant (CNA) #1. Resident #9 was returned to the Geri chair, reclined and the over bed table placed across the chair by CNA #1. During an interview in Resident #9's room, on 6/23/09 at 10:20 AM, Resident #9 stated, "No [I can't get up from the reclined Geri chair]." During an interview in Resident #9's room, on 6/23/09 at 10:35 AM, CNA #1 stated, "Yes [the reclined Geri chair prevents the resident from rising]." During an interview in the South Hallway on	F 221	The Administrator and Director of Nursing reviewed the restraint/device policy for needed changes and revisions. On 7/1/09 the Administrator and Director of nursing inservice nursing staff regarding assessments and use of devices and restraints.. The Director of Nursing and/or designee will audit 5% of the facility's census that have devices/restraints in place thru record review weekly x's 8 weeks, then 10% monthly x's 5 months, then 5% monthly x 5 months. The performance improvement nurse will monitor the effectiveness of the training and report to the Performance Improvement Committee Quarterly. **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: 7/1/09**	

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F 221	Continued From page 2 6/23/09 at 11:45 AM, CNA #1 stated, "...I did not mean to imply that the Geri chair is used as a restraint [for Resident #9]. We use the Geri chair as a comfort measure..." During an interview in the Director of Nurse's (DON) Office, on 6/23/09 at 8:45 AM, the DON stated, "...The assessment [for restraint/enabler] should be under Restorative [the Restorative Tab in the medical record] on the Device Assessments [form]..." The facility was unable to provide a device assessment form or a Physician's order for the reclined Geri chair for Resident #9. 4. Medical record review for Resident #14 documented an admission date of 4/1/09 with diagnoses of Cerebral Degeneration, Alcohol Abuse, Senile Dementia, Convulsions, and Vision Loss. Review of the nursing homes "DEVICE ASSESSMENT"assessed the G-chair with Tray and the Pommel Cushion as enablers. Review of the nurses' notes documented, "...4/15/09 1 pm [1:00 PM] Resident leaning forward in chair trying to get up unassisted..." Observations in the dining room on 6/23/09 at 12:50 PM, revealed Resident #14 sitting in a geri-chair with a tray and sitting on a pommel cushion. During an interview on the West hall on 6/24/09 at 7:50 AM, CNA #2 stated, "I can walk him [Resident #14] by myself..." During an interview on the West hall on 6/24/09 at 7:55 AM, CNA #3 stated, "...Yes he [Resident #14] can walk with assistance. He tries to get	F 221		

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F 221	Continued From page 3 up..." During an interview in the business office on 6/24/09 at 8:30 AM, the DON stated, "...Yes, I know that [geri-chair with tray and pommel cushion] is a restraint..." 5. Medical record review for Resident #15 documented an admission date of 11/13/06 with diagnoses of Congestive Heart Failure, Osteoarthritis, Dementia, and Hypertension. Review of the assessment forms revealed no assessment for the use of a lap belt for any purpose. Observations in the dining room during activities on 6/23/09 at 2:30 PM, revealed Resident #15 in a wheelchair with a blue lap belt alarm in place. 6. Medical record review for Resident #16 documented an admission date of 10/9/08 with diagnoses of Alzheimer's Disease, Confusion, Hypertension, Osteoarthrosis, Adverse Effect Antiparkinson's Drugs and Antidepressants. Review of a physician's order dated 6/11/09 documented, "Self-release seat belt alarm while in G-chair [Geri-chair] to alert staff of unassisted ambulation." The facility was unable to provide any documentation of Resident #16 being assessed for the self-release seat belt alarm. Observations in Resident #16's room on 6/22/09 at 8:20 AM, revealed Resident #16 seated in a Geri-chair with a self-release seat belt alarm in place. Observations in the activity room on 6/23/09 at 3:00 PM, revealed Resident #16 seated in a Geri-chair with a self-release seat belt alarm in	F 221		

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F 221	Continued From page 4 place. Observations in Resident #16's room on 6/23/09 at 3:25 PM, revealed Resident #16 seated in a Geri-chair with a self-release seat belt alarm in place. Nurse #2 asked Resident #16 several times to undo the belt. Resident #16 was unable to release the self-release belt. Nurse #2 stated, "I don't believe she's going to do it [referring to releasing the belt]." During an interview in the nursing office on 6/23/09 at 4:10 PM, the DON stated, "If they can walk at all the device assessment should be filled out. She [Resident #16] can take a few steps." 7. Medical record review for Resident #17 documented an admission date of 10/14/04 with diagnoses of Hip Fracture, Chronic Cystitis, Diverticulitis, and Alzheimer. Review of the assessment forms revealed no assessment for the use of a lap belt for any purpose. Observations in the dining room during activities, on 6/23/09 at 2:30 PM, revealed Resident #17 in a wheelchair with a blue lap belt alarm in place. During an interview in the office area on 6/24/09 at 8:00 AM, the DON stated, "...We do not have assessments for all devices used on Residents... like the ones we use as enablers..."	F 221		
F 314 SS=D	483.25(c) PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having	F 314		

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F 314	Continued From page 5 pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to provide documented assessments for 1 of 4 (Resident #2) sampled residents observed with pressure sores. The findings included: Medical record review for Resident #2 documented an admission date of 10/15/07 with diagnoses of Peripheral Edema, Hyperthyroidism, Atrial Fibrillation, Arthritis, Anxiety, Chronic Obstructive Pulmonary Disease and Arterial Vascular Disease. Review of Resident #2's nurses' notes documented, "12-1-08 8 am [AM] Was notified of resident (R) [right] inner heel having an ulceration noted. Upon assessment did note an ulceration that measures 2.5 x [by] 2.0 cm [centimeters] wound bed c [with] black & [and] cream necrotic tissue c sml [small] amt [amount] of moisture noted. Circumference has sml amt of redness. Resident uncertain when happened..." During an interview in the Director of Nurse's (DON) office on 6/23/09 at 9:25 AM, the DON stated, "...the Certified Nursing Assistants [CNA] do skin assessments daily and tell the Licensed Practical Nurses [LPN] with [about issues] anything..." The DON was asked if there was any documentation that assessments were done daily or weekly. The DON stated, "No...CNA sheet... [the CNAs] sign off that they have done	F 314	F 314 **483.25© PRESSURE SORES** **SS =D** **Requirement:** The facility must ensure that residents who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical conditions demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. The treatment nurse, LPN charge nurse and Certified Nurses Aides assigned to resident #2 were inserviced on 6/23/09 regarding daily skin assessments, reporting and documentation of assessments by Director of Nursing. On 7/1/09 all residents skin integrity was assessed by licensed nurses. The Administrator and Director of Nursing reviewed the facility's pressure ulcer policy for needed changes and/or revisions. On 7/1/09 the Administrator and Director of Nursing inserviced nursing staff regarding, skin care, pressure ulcers, arterial ulcers, venous ulcers and neuropathic ulcers and daily skin assessments.	

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F 314	Continued From page 6 everything...and skin assessments should have been done daily and prn [as needed]."	F 314	The Director of Nursing and/or Assistant Director of Nursing will monitor assessments by record review for 5% of the facility's census x's 8 weeks, 10% monthly x's 5 months, then 5% monthly x's 5 months. The performance Improvement Nurse will monitor the effectiveness of the training monthly and report quarterly to the Performance Improvement Committee. **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: 7/1/09**	