

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

PRINTED: 07/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2016
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NAME OF PROVIDER OR SUPPLIER NASHVILLE COMMUNITY CARE & REHABILITATION AT BORDE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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 000 INITIAL COMMENTS

During the complaint investigation including complaints #38991, 39041, and 39046, conducted on 6/13-21/16, at Nashville Community Care and Rehabilitation, no deficiencies were cited in relation to complaints #38991 and 39041 under 42 CFR PART 483, Requirements for Long Term Care Facilities. Deficit practice was cited for complaint #39046 regarding the failure to develop an interim plan of care for a resident assessed at risk for elopement.

F 279 483.20(d), 483.20(k)(1) DEVELOP SS=D COMPREHENSIVE CARE PLANS

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.

The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).

This REQUIREMENT is not met as evidenced

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Anthony Mays

TITLE

Administrator

(X6) DATE

7/15/16

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 279 Continued From page 1
by:
Based on facility policy review, medical record review, observation, and interview, the facility failed to develop a care plan addressing the elopement risk for 1 (Resident #9) of 3 residents reviewed for elopement risk.

The findings included:

Review of the facility policy entitled "Interim Plan of Care", last reviewed on 6/1/15, revealed "...Policy: An interim plan of care to meet the resident's immediate needs shall be developed for each resident within twenty-four (24) hours of admission...Guidelines: To assure that the resident's immediate care needs are met and maintained, an interim plan of care will be developed within twenty-four (24) hours of the resident's admission. The Interdisciplinary Team will review the...nursing evaluation...and implement a nursing care plan to meet the resident's immediate care needs. The interim plan of care will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary care plan..."

Medical record review revealed Resident #9 was admitted to the facility on 6/14/16 with diagnoses including Restlessness and Agitation, Depression, Psychosis, Vascular Dementia, and Altered Mental Status.

Medical record review of the Nursing Admission Information form with the date of admission of 6/14/16, in the Elopement Risk Evaluation section, revealed the resident was automatically placed at risk for elopement due to demonstrating exit-seeking behavior.

F 279

1. Resident #9 care plan was updated to include the residents' risk of elopement.
2. All have the potential to be affected. An elopement evaluation/assessment as been completed on all residents, residents at risk for elopement have had their care plans reviewed to ensure their elopement risk is care planned. Elopement Books have been updated on all units to indicate any changes including face sheets and current photo.
3. Education/ Nursing Administration has provided to the licensed nurses related to care panning for elopement risk on admission, readmission, significant change and quarterly based on elopement risk assessment. All staff has been educated to Elopement and Wandering Resident Protocols including care planning for residents at risk for elopement. Newly hired nurses will be educated upon hire related to Elopement risk assessment and development of care plan during orientation. New hires will continue to be educated on Elopement/Wandering Resident Protocol including resident care planning.
4. The Assistant Director of Nurses/Unit Manager/Designee will be responsible for the process. They will ensure elopement risk assessments are completed upon admission, readmission, significant change and quarterly and will facilitate the development of a comprehensive care plan as indicated.
5. The Assistant Director of Nurses/Unit Manager/Designee will report the process to the QAPI committee monthly for 3 months and quarterly thereafter.

8/4/16

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F 279	<p>Continued From page 2</p> <p>Medical record review of the Interim Admission Care Plan dated 6/14/16 revealed the section addressing "...Resident at risk for elopement..." was not completed.</p> <p>Observation on 6/20/16 at 2:38 PM revealed Resident #9 in the physical therapy department wearing an alarming device on the left ankle.</p> <p>Interview with the Director of Nursing on 6/20/16 at 4:00 PM, in the conference room, confirmed the facility failed to follow the policy to develop an interim plan of care for Resident #9 that was assessed upon admission as an elopement risk.</p>	F 279		
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