

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

PRINTED: 04/27/2010
FORM APPROVED
OMB NO. 0938-0391

RECEIVED
MAY 07 2010

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 03/30/2010
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NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review and interview, it was determined the facility failed to ensure the physician was notified of a low</p>	F 157	<p>The plan of correction is a requirement of federal law, but not necessarily an acknowledgement of any violation of federal laws and regulations.</p> <p>A. Resident #30 is no longer a resident in the facility as of 01/22/2010. The nurse who administered the sliding scale insulin on 1/22/10 has been designated as a "do not use" with the agency and will not be returning to the facility. Nursing staff on the unit were in-serviced on 1/22/10 (See Attachment 1) addressing the proper assessment of a resident's change in condition and subsequent notification of medical staff regarding elder condition changes.</p> <p>B. The DON, ADON, Director of Skilled Services, Patient Care Manager (PCM) Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators or Director of Quality or Quality Manager will complete an audit of all accucheck and Sliding Scale Insulin (SSI) orders from March 23rd - April 12th and corresponding documentation to assure that medical staff were appropriately notified of all accucheck readings and SSI administration per protocol. (See Attachment 2) Any errors or omissions will be corrected at that time and documented in the medical record. Additionally the PCM will receive a copy of any issues identified regarding notification of changes.</p>	4/30/10
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Baeldar Morrison</i>	TITLE <i>Administrative</i>	(X6) DATE <i>4-30-10</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.

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F 157	<p>Continued From page 1 blood sugar (BS) for 1 of 30 (Resident #30) sampled residents.</p> <p>The findings included:</p> <p>Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD [Medical Doctor]... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check glucostick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..."</p> <p>Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS= [result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o [complained of] not feeling well, asked for feet to</p>	F 157	<p>C. All BLTC licensed nursing personnel will be re-educated on the following:</p> <ul style="list-style-type: none"> ▪ Notification of Elder Changes Learning Objectives Include: <ul style="list-style-type: none"> • Changes in resident medical status that require medical staff notification. Time frames and methods for notifying medical staff. • Changes in resident condition that require the responsible party to be notified including timeframes and methods for notification. ▪ Hypo/Hyperglycemia Protocols Learning objectives: <ul style="list-style-type: none"> • Assessment for signs/symptoms of hypoglycemia • Treatment of blood glucose levels \leq 60 mg/dl • Conditions that warrant notification of the medical staff • Interventions to use to address a hypoglycemic event • Documentation surrounding the event • Follow up monitoring of the resident ▪ Appropriate Nursing Assessment to Identify Changes in Condition Learning Objectives: <ul style="list-style-type: none"> • Assessment by the nurse for signs/symptoms of hypoglycemia such as: Diaphoresis, Shakiness, Dizziness, Decreased Level of Consciousness 	
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F 157	<p>Continued From page 1</p> <p>blood sugar (BS) for 1 of 30 (Resident #30) sampled residents.</p> <p>The findings included:</p> <p>Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD [Medical Doctor]... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check gluco stick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..."</p> <p>Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS= [result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o [complained of] not feeling well, asked for feet to</p>	F 157	<p>All above training will be approved by the DON. The DON, ADON, Director of Skilled Services, PCM, Clinical Educator, Resident Assessment Manager, Nursing Supervisor, Director of Quality and Quality Manager may conduct this training.</p> <p>All Agency Licensed Nursing staff utilized by BLTC will be notified of process changes that will include the following:</p> <ul style="list-style-type: none"> ▪ Prior to any agency staff being oriented at BLTC, the agency must provide proof of the training and competency checks completed by the agency. ▪ Agency Licensed Nursing personnel will be re-educated on the following: <p>• Notification of Elder Changes Learning Objectives include:</p> <ul style="list-style-type: none"> ▪ Changes in resident medical status that require medical staff notification. Time frames and methods for notifying medical staff. ▪ Changes in resident condition that require the responsible party to be notified including timeframes and methods for notification. 	
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F 157 Continued From page 1
blood sugar (BS) for 1 of 30 (Resident #30)
sampled residents.

The findings included:

Review of the facility's "Protocol: Hypoglycemia"
documented, "...Risk for Injury related to
insufficient glucose to meet metabolic needs.
Blood glucose less than or = [equal] 60 mg/dl
[milligrams per deciliter] and are symptomatic.
Notify MD [Medical Doctor]... 2. Treatment of
blood glucose levels less than or =60 mg/dl
(complete a - [through] f below ASAP [as soon as
possible] a. Check glucostick b. If less than or
equal to 60 mg/dl then treat resident based on
level of consciousness and notify medical staff for
further instructions. c. If after hours contact house
supervisor who will in turn notify medical staff. 1.
If responsive, give juice, milk, ensure or Insta
Glucose and recheck blood glucose within 15
min. [minutes]. If blood glucose continues to be =
or < [less than] 60 mg/dl then give the Glucagon
IM [Intramuscular] and recheck blood glucose in
15 min. If blood glucose continues to be = or <60
mg/dl repeat IM Glucagon, recheck blood glucose
in 15 minutes. If resident continues not to
respond to treatment then start process to send
resident out for evaluation and treatment..."

Medical record review for Resident #30
documented an admission date of 10/7/09 with
diagnoses of Diabetes Mellitus with Neuropathy,
Diabetic Neuropathy, Hypertension with Chronic
Renal Failure. Review of Resident #30's diabetic
monitoring flow sheet documented "BS for
1/22/09 - 1600 [4:00 PM] BS= [result] 40
food/juice given." Review of a progress note
dated "1/22/10-1600- Res [resident] c/o
[complained of] not feeling well, asked for feet to

F 157

- Hypo/Hyperglycemia Protocols
Learning objectives:
 - Assessment for signs/symptoms of hypoglycemia
 - Treatment of blood glucose levels \leq 60 mg/dl
 - Conditions that warrant notification of the medical staff
 - Interventions to use to address a hypoglycemic event
 - Documentation surrounding the event
 - Follow up monitoring of the resident
- Appropriate Nursing Assessment to identify changes in condition
Learning Objectives:
 - Assessment by the nurse for signs/symptoms of hypoglycemia such as: Diaphoresis, Shakiness, Dizziness, Decreased Level of Consciousness

All above training will be approved by the DON. The DON, ADON, Director of Skilled Services, PCM, Clinical Educator, Resident Assessment Manager, Nursing Supervisor, Director of Quality and Quality Manager may conduct this training.

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F 157	Continued From page 2 be put on bed, BS [checked] earlier was 40. Food and drink given, family present. 1700 [5:00 PM] Res c/o [not] feeling well still... 1740 [5:40 PM] Res called for assistance. Wanted her legs off bed. Still appears tired... Will continue to monitor. 1815 [6:15 PM] Found Res in w/c [wheelchair] in room, unresponsive, attempted to revive c [with] out success. Called for assistance to put in bed. 1822 [6:22 PM] Code Blue called D/T [due to] unresponsiveness... There was no documentation Resident #30's BS was being checked every 15 minutes after the initial blood sugar of 40. The next documented BS on the diabetic monitoring flow sheet was at 6:30 PM with a BS of 161. There was no documentation the MD was notified of the low BS. During an interview in the conference room on 3/30/10 at 8:20 AM, the Director of Nursing (DON) stated, "Less than 60 MD or medical staff should be notified. Give juice, milk, food or Instant glucose. Recheck BS in 15 minutes, still not up give IM Glucagon recheck in 15 minutes, still not up repeat IM Glucagon. If not responding need to go out." The DON was asked what should have been done for this resident. The DON stated, "Should have been checked [referring to BS] again in 15 minutes and the doctor should have been notified."	F 157	D. The Patient Care Manager, DON, ADON, Director of Skilled Services, Quality Manager or Director of Quality will audit 20% of the charts to insure that Medical Staff were notified according to the sliding scale insulin policy monthly for three months. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be completed. After that time additional audits may be conducted upon the discretion of the DON or Director of Quality/Risk Management. Audits will be reported in Quality Council Committee by the Department Manager.	
F 274 SS=D	483.20(b)(2)(ii) COMPREHENSIVE ASSESS AFTER SIGNIFICANT CHANGE A facility must conduct a comprehensive assessment of a resident within 14 days after the facility determines, or should have determined, that there has been a significant change in the resident's physical or mental condition. (For purpose of this section, a significant change means a major decline or improvement in the	F 274	A. Significant change assessments for residents #3 & #16 will be completed by the Unit Assessment Coordinator to reflect the areas of change. Date of completion will be 4/13/10. (See Attachment 3) A care plan conference to include interdisciplinary team will be completed 4/13/10 to update the care plan with any resulting changes.	4/30/10

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F 274	<p>Continued From page 3</p> <p>resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.)</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to initiate a significant change Minimum Data Set (MDS) for 2 of 30 (Residents #3 and 16) sampled residents.</p> <p>The finding included:</p> <p>1. Medical record review for Resident #3 documented an date of 10/7/2009 with diagnoses of Tube Feeding, Dysphagia unspecified, Severe Mental Retardation, Down's Syndrome, Seizure Disorder, Hypertension unspecified, Anemia, Neurogenic bladder, Spasticity, Depression, Urinary incontinence, Anxiety, Arthritis, Pain, History of Fall, Insomnia, Exophthalmos, Chronic Rhinitis, Cholelithiasis, Calculus of Gallbladder without mention of Cholecystitis and Duodenal ulcer. Review of the MDS dated 10/30/09 for Resident #3 documented, "Section AA. IDENTIFICATION INFORMATION... 8. REASONS FOR ASSESSMENT... a. Primary reason for assessment... Annual assessment ...SECTION G. PHYSICAL FUNCTIONING & [and] STRUCTURAL PROBLEMS, 1. (A) ADL [activities of daily living] SELF-PERFORMANCE. 0. INDEPENDENT, 1. SUPERVISION, 2. LIMITED ASSISTANCE, 4. TOTAL DEPENDENCE, 8. ACTIVITY DID NOT</p>	F 274	<p>B. Quarterly assessments completed from 3/15 – 3/30/10 will be reviewed by Resident Assessment Manager to determine if a significant change assessment is appropriate. Also residents who re-admitted to the facility over the past 90 days from 1/13/10 to 4/13/10 will be reviewed by the Resident Assessment Manager to determine if a significant change assessment is appropriate. Any residents identified as having a significant change will have a complete comprehensive assessment and revision of care plan completed by the Unit Assessment Coordinator.</p> <p>C. The Significant Change Policy will be reviewed with Unit Assessment Coordinators. (See Attachment 4) Training:</p> <ul style="list-style-type: none"> ▪ In-service training will be conducted by the Resident Assessment Manager with the Unit Assessment Coordinators. Education on significant change criteria as documented in the RAI manual will be reviewed. <p>Learning objectives for the training will include identification of the guidelines for determining a significant change in resident status that:</p> <ul style="list-style-type: none"> ▪ Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, in not "self-limiting" ▪ Impacts more than one area of the resident's health status and 	

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F 274	<p>Continued From page 4</p> <p>OCCUR... (B) ADL SUPPORT PROVIDED. 0. No setup or physical help from staff, 1. Setup help only, 2. One person physical assist, 3. Two + persons physical assist, 8. ADL activity itself did not occur in the last 7 days. [numerical codes] ...b. TRANSFER... [CODED] 8/8...e. LOCOMOTION ON UNIT... [CODED] 8/8... SECTION H. CONTINENCE IN LAST 14 DAYS... 1. CONTINENCE SELF-CONTROL CATEGORIES. 0. CONTINENT, 1 USUALLY CONTINENT, 2 OCCASIONALLY INCONTINENT, 3 FREQUENTLY INCONTINENT, 4 INCONTINENT... b. BLADDER CONTINENCE. 0. 3. APPLIANCES AND PROGRAMS... f. Did not use toilet room/commode/urinal. g. Pad/briefs used... SECTION N. ACTIVITY PURSUIT PATTERNS... 2. AVERAGE TIME INVOLVED IN ACTIVITIES. 2. Little-less than 1/3 of time..."</p> <p>Review of Resident #3's MDS dated 1/15/10 documented, "SECTION AA. IDENTIFICATION INFORMATION... 8. REASONS FOR ASSESSMENT... a. Primary reason for assessment. 5. Quarterly review assessment... SECTION G1. (A) ADL SELF-PERFORMANCE... b. TRANSFER. 4. TOTAL DEPENDENCE... e. LOCOMOTION ON UNIT. 4. TOTAL DEPENDENCE... SECTION H1. b. BLADDER CONTINENCE. 1. USUALLY CONTINENT-BLADDER... H3. APPLIANCES AND PROGRAMS. d. Indwelling catheter... SECTION N2. AVERAGE TIME INVOLVED IN ACTIVITIES. 1 Some- from 1/3 to 2/3 of time..."</p> <p>The facility failed to initiate a significant change of status MDS for Resident #3 when changes occurred in the physical functioning section assessed Resident #3's transferring ability to</p>	F 274	<ul style="list-style-type: none"> ▪ Requires interdisciplinary review and/or revision of the care plan ▪ Identification of guidelines for decline and improvement in resident condition ▪ Monitoring and time frame to be within fourteen days of recognition of change ▪ Identification of when a change in resident status is not significant ▪ Significant changes for residents with terminal conditions. <p>Processes for Monitoring and Identifying Significant Change:</p> <ul style="list-style-type: none"> ▪ Significant changes will be identified by Unit Assessment Coordinator and interdisciplinary team members during morning rounds. The Unit Assessment Coordinators will place identified residents on the significant change log to be monitored. The Resident Assessment Manager will review significant change logs weekly for a period of one month. A significant change assessment will be implemented if criteria are met. (See Attachment 8) 	

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F 274	<p>Continued From page 5</p> <p>transfer self (11/3/09 MDS) to being totally dependent on staff for movement to and from surfaces (1/15/10 MDS): bed, chair, wheelchair and standing position. Resident #3 was not observed to participate in locomotion on the unit on the 10/30/09 MDS to being totally dependent on staff for locomotion on unit as coded in the 1/15/10 MDS. Resident #3 continence changed from continent on the 10/30/09 MDS to usually continent of bladder as coded on the 1/15/10 MDS. Resident #3 did not use the toilet room, commode or urinal on the 10/30/09 MDS, and no data of the resident's toilet use was entered on the 1/15/10 MDS. Resident #3 was coded for using pads or briefs on the 10/30/09 MDS, but no data was entered for the resident using either pads or briefs on the 1/15/10 MDS. Resident #3 was coded in the 10/30/09 MDS as being involved in activities less then 1/3 of time when not involved in ADLs to being involved in activities outside of ADL's 1/3 to 2/3 of the time on the 1/15/10 MDS. The facility is required to initiate a significant change of status MDS for two or more assessment changes in resident status during the assessment period.</p> <p>2. Medical record review revealed Resident #16 was admitted to the facility on 7/16/07 with the diagnoses of Chronic obstructive Pulmonary Disease, Aortic valve disorders, Adult failure to thrive, Glaucoma, Atherosclerosis, generalized and unspecified Atherosclerosis, Arthritis, Osteoporosis, Pain, Insomnia, Urinary incontinence, Hypercholesterolemia, Disorder of plasma protein metabolism, Alcohol abuse and Psychosis. Review of Resident #16's MDS dated 6/19/09 documented, "SECTION AA. 8. REASON FOR ASSESSMENT. a 2. Annual assessment... SECTION E4. e. RESISTS CARE. 1/0...</p>	F 274	<p>To support Unit Assessment Coordinators in learning to identify significant change, the Unit Assessment Coordinators will complete a Significant Change in Condition screen on each quarterly assessment for one month. The screen will be reviewed by Resident Assessment Manager. The Resident Assessment Manager will review any significant change assessments that she identifies that were not recognized by the Unit Assessment Coordinator (UAC) with the appropriate UAC.</p> <p>D. The Resident Assessment Manager, DON, ADON, Director of Skilled Services, Director of Quality or Quality Manager will conduct a quality assurance audit of 20 % of quarterly assessments, comparing the two most recent assessments. The audit will include a review of the significant change logs, the significant change screen tool and documentation of decision to complete an assessment and presence of significant change MDS in the medical record as well as applicable care plans. The audit will be completed monthly for 3 months. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be completed. After that time, additional audits may be conducted upon the discretion of the DON or Director of Quality/Risk Management. Audits will be reported in Quality Council Committee by the Department Manager</p>	
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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 03/30/2010
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NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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F 274	<p>Continued From page 6</p> <p>SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS... h. EATING. 0/1. Setup help only... SECTION H. CONTINENCE IN LAST 14 DAYS. 1. CONTINENCE SELF-CONTROL CATEGORIES. a. BOWEL CONTINENCE. 3. FREQUENTLY INCONTINENT... H3. APPLIANCES AND PROGRAMS. f. Did not use toilet room/commode/urinal. g. Pads/Briefs used... SECTION N. ACTIVITY PURSUIT PATTERNS... 2. AVERAGE TIME INVOLVED IN ACTIVITIES. 2. Little-less than 1/3 of time... SECTION O. MEDICATIONS. 4. DAYS RECEIVED THE FOLLOWING MEDICATION. a. Antipsychotic. 0..."</p> <p>Review of Resident #16's MDS dated 9/11/09 documented, "SECTION AA. IDENTIFICATION INFORMATION. 5. Quarterly review assessment... SECTION E. BEHAVIORAL SYMPTOMS... [All 5 section a. through e. coded with zeros]... SECTION G. h. EATING. O. INDEPENDENT... SECTION H3. c. External (condom) catheter... SECTION O4. DAYS RECEIVED THE FOLLOWING MEDICATION. A. 7. Antipsychotic..." The facility failed to initiate a significant change of status MDS for Resident #16 when changes occurred in the mood and behavior patterns section related to Resident #16 resisting care: resisted taking medications, injections, ADL assistance, or eating in 6/19/09 MDS to having no observable resistance to care on the 9/11/09 MDS. Resident #16 used pads or briefs for incontinence and did not use the toilet room, commode, or urinal on the 6/19/09 MDS to having an external condom catheter being used on the 9/11/09 MDS. Resident #16's activity pursuit patterns indicated he was involved in activities outside ADL's little, less than 1/3 of the</p>	F 274		

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F 274	Continued From page 7 time on the 6/19/09 MDS, to some activities from 1/3 to 2/3 of the time on the 9/11/09 MDS. Resident #16 did not take any antipsychotics medications on the 6/19/09 MDS assessment period, too taking antipsychotic medication during the 9/11/09 MDS look back period. The facility is required to initiate a significant change of status MDS for two or more assessment changes in resident status during the assessment period. 3. During an interview in storage room in the Birmingham building on the 4th floor on 3/30/10 at 11:11 AM, Nurse #7 (the floor MDS coordinator) stated, "The triggers would cause a significant change MDS to be completed on [Resident #16]... I should have done an significant change MDS for the 1/15/10 rated period [Resident #3]... oh yeah [both residents should have had a significant change MDS completed]."	F 274		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is	F 278	F 278 A. The MDS for Resident #22 was reviewed and modified to reflect current status of resident by Unit Assessment Coordinator on 03/31/10. (See Attachment 5) An audit will be completed on Section O of the MDS by the Resident Assessment Manager, DON, ADON, Director of Skilled Services, PCM or Nursing Supervisor, Quality Manager, Director of Quality to assure accuracy. The audit will include all assessments for presently active residents completed from March 1 – March 30, 2010.	4/30/10

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F 278	<p>Continued From page 8</p> <p>subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on the medical record review and interview, it was determined the facility failed to ensure the Minimum Data Set (MDS) reflected the correct assessment for the use of antianxiety medication for 1 of 30 (Resident #22) sampled residents.</p> <p>The finding included:</p> <p>Medical record review for Resident #22 documented an admission date of 11/14/08 with current diagnoses of Cerebral Vascular Accident (CVA) with cognitive deficits, Cerebral Vascular Accident with other late effects, Hypertension, Vascular Dementia with Depression, Vascular Dementia with Delusions, Anxiety, Insomnia and Speech Disturbance. Review of the physician's order dated 11/1/09 through (-) 11/30/09 documented "...BUSPIRONE HCL (Hydrochloride) TABLET... GIVE ONE TABLET BY MOUTH TWICE DAILY... 8AM 4PM..." Review of the signed MDS form with an assessment reference date of 11/25/09 failed to include in section O4b the use of antianxiety medication given during the assessment period.</p>	F 278	<p>B. An in-service will be conducted with all Unit Assessment Coordinators regarding the correct coding on the MDS. This will include review of psychotropic medications. The in-service will be completed by the Resident Assessment Manager. The Learning Objectives will include:</p> <ul style="list-style-type: none"> ▪ Correct coding of Section O on the MDS per Resident Assessment Instrument Manual ▪ Proper identification of psychotropic medications <p>C. The Resident Assessment Manager, DON along with the Unit Assessment Coordinators will do a 20% audit of Section O of the MDS for accuracy for 3 months. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be conducted. Additional audits will be conducted at the discretion of the DON or Director of Quality/Risk Manager. Audits will be reported in Quality Council Committee by the Department Manager.</p> <p>D. The Resident Assessment Manager, DON along with the Unit Assessment Coordinators will do a</p>	

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F 278	<p>Continued From page 9</p> <p>The Medication Administration Record (MAR) for the time frame from 11/1/09 - 11/30/09 documented, "BUSPIRONE HCL 5MG TABLET 10/5/09 GIVE ONE TABLET... GIVE ONE TABLET BY MOUTH TWICE DAILY...8 AM [Signed as being administered from 11/1/09 through 11/30/09]... [and] ...4PM [signed as being administered from 11/1/09 through 11/30/09]."</p> <p>During an interview in the documentation room on the 3rd floor of the Ribeiro building on 3/30/10 at 10:23 AM, the floor MDS coordinator (Nurse #8) stated, "It's [MDS assessment] incorrect, she [Resident #22] used Buspirone [Antianxiety medication] during that time frame, I'll talk with [named person] the Facility MDS coordinator..."</p>	F 278	<p>20% audit of section O of the MDS for accuracy for 3 months. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be conducted. Additional audits will be conducted at the discretion of the DON or Director of Quality/Risk Manager. Audits will be reported in Quality Council Committee by the Department Manager.</p>	
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Amended 2567 on 4/27/10</p> <p>Based on policy review, medical record review, observation and interview, it was determined the facility failed to follow physician's orders for leg extenders and/or heel pads and/or failed to follow the facility's policy for monitoring a blood sugar (BS) every (q) 15 minutes for a BS result of 40 and failed to notify the Medical Doctor of a low BS</p>	F 309	<p>F309:</p> <p>A. The PCM or Charge Nurse reviewed the medical staff orders and care plans for Resident #1 and Resident #15. Heel protectors were provided to Resident #15. The elevated leg rests had been removed from the wheelchair of Resident #1 as the interdisciplinary team determined the leg rest increased her fall risk. The order for this device was discontinued as of 3/29/10. (See Attachment 6) All other devices currently ordered were provided to the resident or placed on the resident by the PCM or Charge Nurse. This was completed on 4/12/10.</p>	<p>4/30/10</p>

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F 309	<p>Continued From page 10 for 3 of 27 (Residents #1, 15 and 30) sampled residents.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #1 documented an admission date of 2/6/07 with diagnoses of Alzheimer's Dementia, Congestive Heart Failure, Coronary Artery Disease and Parkinson's. A physician's order dated 2/26/10 for Resident #1 documented, "OOB [out of bed] to wheelchair w [with]/elevating leg rest."</p> <p>Observations in the recreation room on 3/29/10 at 11:21 AM, revealed Resident #1 sitting in a wheelchair (w/c) with her feet dangling.</p> <p>Observations in Resident #1's room on 3/29/10 at 11:45 AM, revealed Resident #1 sitting in the w/c eating lunch with her feet dangling.</p> <p>During an interview in the Patient Care Manager's office, on 3/29/10 at 11:34 AM, the Patient Care Manager stated, "[Resident #1's] feet should be elevated."</p> <p>2. Medical record review for Resident #15 documented an admission date of 11/19/09 with diagnoses of Status Post Cerebral Vascular Accident with Bilateral Paralysis Syndrome with Cognitive deficit, Dysphagia and Vision Disturbances. A physician's order dated 2/25/10 for Resident #15 documented, "Posey Pillow heel protectors while in bed to Bil [bilateral] feet."</p> <p>Observations in Resident #15's room on 3/29/10 at 12:05 PM and on 3/30/10 at 9:00 AM, revealed Resident #15 lying in bed with no heel protectors in use as ordered.</p>	F 309	<p>Resident #30 is no longer a resident in the facility as of 01/22/2010. The nurse who administered the sliding scale insulin on 1/22/10 has been designated as a "do not use" with the agency and will not be returning to the facility. Nursing staff on the unit were in-serviced on 1/22/10 (See Attachment 1) addressing the proper assessment of a resident's change in condition and subsequent notification of medical staff regarding elder condition changes.</p> <p>B. The DON, ADON, Director of Skilled Services, Patient Care Manager (PCM), Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators, Quality Manager, or Director of Quality will complete an audit of all device orders and proper application within the facility from 3/23 - 4/12/10. Any discrepancies will be corrected at that time. The Patient Care Manager will receive a list of any discrepancies noted for use in future monitoring.</p> <p>The DON, ADON, Director of Skilled Services, Patient Care Manager (PCM) Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators or Director of Quality or Quality Manager will complete an audit of all accucheck and Sliding Scale Insulin (SSI) orders from</p>	

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F 309	<p>Continued From page 11</p> <p>During an interview in Resident #15's room on 3/30/10 at 9:00 AM, Nurse #5 stated, "Oh you [Resident #15] don't have your heel protectors on."</p> <p>3. Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check glucostick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..."</p> <p>Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS=[result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o</p>	F 309	<p>March 23rd – April 12th and corresponding documentation to assure that medical staff were appropriately notified of all accucheck readings and SSI administration per protocol. (See Attachment 2) Any errors or omissions will be corrected at that time and documented in the medical record. Additionally the PCM will receive a copy of any issues identified regarding notification of changes.</p> <p>C. All BLTC nursing personnel including CNTs and licensed nurses will be re-educated on Aspects of Device Management. Learning objectives include:</p> <ul style="list-style-type: none"> ▪ Properly following a physician's (medical staff) order ▪ Proper assessment/monitoring of residents with device orders ▪ Proper documentation procedures for refusal to use/wear device ▪ Proper notification of medical staff/RP if refusals occur ▪ Proper amendment of the care plan to reflect refusals <p>The DON, ADON, Director of Skilled Services, Patient Care Managers (PCM), Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators, Quality Manager or Director of Quality, Risk and Advocacy will complete the staff education.</p>	

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F 309	<p>Continued From page 11</p> <p>During an interview in Resident #15's room on 3/30/10 at 9:00 AM, Nurse #5 stated, "Oh you [Resident #15] don't have your heel protectors on."</p> <p>3. Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check glucostick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..."</p> <p>Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS= [result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o</p>	F 309	<p>All BLTC licensed nursing personnel will be re-educated on the following:</p> <ul style="list-style-type: none"> ▪ Notification of Elder Changes Learning Objectives Include: <ul style="list-style-type: none"> • Changes in resident medical status that require medical staff notification. Time frames and methods for notifying medical staff. • Changes in resident condition that require the responsible party to be notified including timeframes and methods for notification. ▪ Hypo/Hyperglycemia Protocols Learning objectives: <ul style="list-style-type: none"> • Assessment for signs/symptoms of hypoglycemia • Treatment of blood glucose levels ≤ 60 mg/dl • Conditions that warrant notification of the medical staff • Interventions to use to address a hypoglycemic event • Documentation surrounding the event • Follow up monitoring of the resident 	

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F 309	<p>Continued From page 11</p> <p>During an interview in Resident #15's room on 3/30/10 at 9:00 AM, Nurse #5 stated, "Oh you [Resident #15] don't have your heel protectors on."</p> <p>3. Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check glucostick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..."</p> <p>Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS= [result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o</p>	F 309	<p>Appropriate-Nursing Assessment to Identify Changes in Condition Learning Objectives:</p> <ul style="list-style-type: none"> Assessment by the nurse for signs/symptoms of hypoglycemia such as: Diaphoresis, Shakiness, Dizziness, Decreased Level of Consciousness <p>All above training will be approved by the DON. The DON, ADON, Director of Skilled Services, PCM, Clinical Educator, Resident Assessment Manager, Nursing Supervisor, Director of Quality and Quality Manager may conduct this training.</p> <p>All Agency Licensed Nursing staff utilized by BLTC will be notified of process changes that will include the following:</p> <ul style="list-style-type: none"> Prior to any agency staff being oriented at BLTC, the agency must provide proof of the training and competency checks completed by the agency. Agency Licensed Nursing personnel will be re-educated on the following: Notification of Elder Changes Learning Objectives Include: <ul style="list-style-type: none"> Changes in resident medical status that require medical staff notification. Time frames and methods for notifying medical staff. Changes in resident condition that require the responsible party to be notified including timeframes and methods for notification. 	

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F 309	Continued From page 11 During an interview in Resident #15's room on 3/30/10 at 9:00 AM, Nurse #5 stated, "Oh you [Resident #15] don't have your heel protectors on." 3. Review of the facility's "Protocol: Hypoglycemia" documented, "...Risk for Injury related to insufficient glucose to meet metabolic needs. Blood glucose less than or = [equal] 60 mg/dl [milligrams per deciliter] and are symptomatic. Notify MD... 2. Treatment of blood glucose levels less than or =60 mg/dl (complete a - [through] f below ASAP [as soon as possible] a. Check glucostick b. If less than or equal to 60 mg/dl then treat resident based on level of consciousness and notify medical staff for further instructions. c. If after hours contact house supervisor who will in turn notify medical staff. 1. If responsive, give juice, milk, ensure or Insta Glucose and recheck blood glucose within 15 min. [minutes]. If blood glucose continues to be = or < [less than] 60 mg/dl then give the Glucagon IM [intramuscular] and recheck blood glucose in 15 min. If blood glucose continues to be = or <60 mg/dl repeat IM Glucagon, recheck blood glucose in 15 minutes. If resident continues not to respond to treatment then start process to send resident out for evaluation and treatment..." Medical record review for Resident #30 documented an admission date of 10/7/09 with diagnoses of Diabetes Mellitus with Neuropathy, Diabetic Neuropathy, Hypertension with Chronic Renal Failure. Review of Resident #30's diabetic monitoring flow sheet documented "BS for 1/22/09 - 1600 [4:00 PM] BS= [result] 40 food/juice given." Review of a progress note dated "1/22/10-1600- Res [resident] c/o	F 309	<ul style="list-style-type: none"> Hypo/Hyperglycemia Protocols Learning objectives: <ul style="list-style-type: none"> Assessment for signs/symptoms of hypoglycemia Treatment of blood glucose levels \leq 60 mg/dl Conditions that warrant notification of the medical staff Interventions to use to address a hypoglycemic event Documentation surrounding the event Follow up monitoring of the resident Appropriate Nursing Assessment to identify changes in condition Learning Objectives: <ul style="list-style-type: none"> Assessment by the nurse for signs/symptoms of hypoglycemia such as: Diaphoresis, Shakiness, Dizziness, Decreased Level of Consciousness <p>All above training will be approved by the DON. The DON, ADON, Director of Skilled Services, PCM, Clinical Educator, Resident Assessment Manager, Nursing Supervisor, Director of Quality and Quality Manager may conduct this training.</p>	

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NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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F 309	<p>Continued From page 12</p> <p>[complained of] not feeling well, asked for feet to be put on bed, BS [checked] earlier was 40. Food and drink given, family present. 1700 [5:00 PM] Res c/o [not] feeling well still... 1740 [5:40 PM] Res called for assistance. Wanted her legs off bed. Still appears tired... Will continue to monitor. 1815 [6:15 PM] Found Res in w/c [wheelchair] in room, unresponsive, attempted to revive c [with] out success. Called for assistance to put in bed. 1822 [6:22 PM] Code Blue called D/T [due to] unresponsiveness..." There was no documentation Resident #30's BS was being checked every 15 minutes after the initial BS of 40. The next documented BS on the diabetic monitoring flow sheet was at 6:30 PM with a BS of 161. There was no documentation-the MD was notified of the low BS.</p> <p>During an interview in the conference room on 3/30/10 at 8:20 AM, the Director of Nursing (DON) stated, "Less than 60 MD or medical staff should be notified. Give juice, milk, food or Instant glucose. Recheck BS in 15 minutes, still not up give IM Glucagon recheck in 15 minutes, still not up repeat IM Glucagon. If not responding need to go out." The DON was asked what should have been done for this resident. The DON stated, "Should have been checked [referring to BS] again in 15 minutes and the doctor should have been notified."</p>	F 309	<p>D. The Patient Care Manager, DON, ADON, Director of Skilled Services, Wound Care Nurse, Director of Quality, Quality Manager or Unit Assessment Coordinator will audit 20% of charts, care plans, bedside care guides and resident monthly orders for three months to ensure all ordered devices are applied appropriately. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be completed. After that time additional audits may be conducted upon the discretion of the DON or Director of Quality/Risk Management. Audits will be reported in Quality Council Committee by the Department Manager.</p> <p>Additionally, the Patient Care Manager, DON, ADON, Director of Skilled Services, Quality Manager or Director of Quality will audit 20% of the charts to insure that Medical Staff were notified according to the sliding scale insulin policy monthly for three months. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be completed. After that time additional audits may be conducted upon the discretion of the DON or Director of Quality/Risk Management. Audits will be reported in Quality Council Committee by the Department Manager.</p>	
F 441 SS=E	<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>	F 441		

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F 441	<p>Continued From page 13</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> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure 5 of 8 (Nurse #1, 2, 3, 4 and 6) nurses and 5 of 6 Certified Nursing Assistants (CNA #2, 3, 4, 5 and 7) failed to clean equipment and/or follow infection control measures to prevent the</p>	F 441	<p>F441</p> <p>A. The wound scissors utilized on Resident # 8 and blood pressure cuffs utilized for those residents in rooms R202, R233, B330, B314, and B308 by 4/13/10 will be cleaned with a germicidal agent. The wound nurse involved will be educated by the RN Wound Care Team Leader on the proper cleaning of the wound scissors per our Dressing Change policy by 4/13/10. The Certified Nursing Technicians who worked on R1, B2, and B4 on 3/29/10 during the lunch and supper meals will be in-serviced by the Clinical Educator, Nursing supervisor, PCM, DON, ADON, or Director of Skilled Services on proper handwashing and tray pass/set up protocols by 4/13/10. (See Attachment 7)</p> <p>B. The DON, ADON, Director of Skilled Services, Patient Care Managers (PCM), Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators, Dietitian, Clinical Dietary Technician, Quality Manager or Director of Quality, Risk and Advocacy will complete a tray pass audit during the breakfast, lunch and dinner meals observing staff for using proper handwashing technique between the resident and their tray set up as well as between individual residents.</p>	4/30/10	

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F 441	<p>Continued From page 14</p> <p>spread of infections by not washing their hands after direct resident contact or handling equipment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observations in room 202 on 3/29/10 at 7:50 AM, Nurse #1 checked the blood pressure of the resident. Nurse #1 removed the blood pressure cuff and did not clean the blood pressure cuff after use. 2. Observations in room 233 on 3/29/10 at 8:03 AM, Nurse #2 checked the blood pressure of the resident. After taking the blood pressure, Nurse #2 put the blood pressure machine in her pocket, exited the room, removed the blood pressure machine and placed the blood pressure machine on the medication cart outside the residents room. After documenting the blood pressure, Nurse #2 put the blood pressure machine back in her pocket. Nurse #2 did not clean the blood pressure machine after use. 3. Observations in room 330 on 3/29/10 at 10:00 AM, Nurse #3 checked the blood pressure of the resident. Nurse #3 took the blood pressure machine out of the resident's room and did not clean it. <p>During an interview on 3 hallway on 3/30/10 at 11:10 AM, Nurse #3 stated, "...Blood pressure cuff cleansed each shift..."</p> <ol style="list-style-type: none"> 4. Observations in room 314 on 3/29/10 at 9:27 AM, Nurse #4 placed the blood pressure cuff on the resident's bed, then took the resident's blood pressure. After taking the blood pressure, Nurse #4 took the blood pressure machine out of the 	F 441	<ul style="list-style-type: none"> ▪ The DON, ADON, Director of Skilled Services, Patient Care Managers (PCM), Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators, Quality Manager or Director of Quality, Risk and Advocacy will complete an audit of nurses and their practice of cleaning medical equipment while obtaining blood pressures on multiple residents. ▪ All blood pressure cuffs will be cleaned with a germicidal agent in accordance with the CDC Guidelines (See Attachment 8) ▪ The DON, ADON, Director of Skilled Services, Patient Care Managers (PCM), Charge Nurse, Nursing Supervisor, Clinical Educators, Quality Manager or Director of Quality, Risk and Advocacy will complete an audit of the wound care nursing staff during wound dressing changes monitoring for proper cleaning of equipment. 	

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F 441	<p>Continued From page 15 room without cleaning it.</p> <p>5. Review of the facility's "NON-STERILE DRESSING (CLEAN TECHNIQUE)" policy documented, "...6. ...clean scissors with germicidal detergent 7. Remove dry soiled dressing from wound. Do not use scissors to cut off Dressings..."</p> <p>Observations in Resident #8's room on 3/29/10 at 7:30 AM, revealed Nurse #6 performed a dressing change on Resident #8's heel. After Nurse #6 washed her hands she applied gloves and used scissors to cut the soiled dressing off. After cutting the dressing off, Nurse #6 placed the scissors on the barrier on the overbed table. Nurse #6 proceeded to remove her gloves, washed her hands and applied another pair of gloves. Nurse #6 then cleansed the wound using wound cleanser. After cleansing the wound Nurse #6 removed her gloves, washed her hands and applied another pair of gloves. Nurse #6 then used the contaminated scissors to cut the Acticoat to apply to the wound. Nurse #6 did not clean the scissors between cutting of the old dressing and cutting the Acticoat for the wound.</p> <p>During an interview in the B building outside of room B-308 on 3/29/10 at 3:40 PM, Nurse #6 stated, "I should have cleaned my scissors between using them to cut the dirty dressing and cutting the Acticoat."</p> <p>6. Observations during the lunch meal tray delivery in the R100 Day Room on 3/29/10 at 11:30 AM, CNA #2 touched and patted the arm of a resident, touched another resident, and then pulled a wheelchair up to the table. CNA #2 then proceeded to place a meal tray on the table,</p>	F 441	<p>C. Disposable Blood Pressure Cuffs, Stethoscopes and Thermometers will be issued to any resident with isolation/infectious precautions. These will be utilized on the one resident only and then discarded when isolation/infectious precautions are discontinued.</p> <ul style="list-style-type: none"> ▪ Disposable Blood Pressure Cuffs, Stethoscopes and Thermometers will be supplied on the Crash Carts throughout the facility and new sets resupplied after each Crash Cart has been used in a Code event. ▪ To assure that BLTC infection control policies are appropriate and comprehensive the DON consulted the F-441 regulation on Infection Control. The 441 F-Tag references utilizing the Spaulding classification system that identifies three risk levels associated with medical and surgical instruments or equipment: critical, semi-critical and non-critical. Each classification of equipment has a suggested methodology and timeframe for cleaning the equipment. Stethoscopes, blood pressure cuffs and other similar equipment is classified as "non-critical and are defined as those that come into contact with intact skin or do not contact the resident. The DON will develop or amend BLTC policy for cleaning equipment following the interpretive guidelines to address how to clean "non-critical items (e.g., stethoscopes, blood pressure cuffs, over-bed tables. This classification of equipment requires low level disinfection 	

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F 441	<p>Continued From page 16</p> <p>opened the butter and silverware and then placed a straw in the tea. CNA #2 then pushed the meal cart out of the dining room at 11:42 AM to the north hall. CNA #2 then took a tray to another resident and set up the tray. CNA #2 then added sugar to the resident's tea, opened a cover and placed the silverware on the tray. CNA #2 did not wash or clean her hands between residents.</p> <p>7. Observations during the lunch meal delivery on the B400 hall on 3/29/10 at 12:00 PM, CNA #5 served a meal tray to Room 420A. CNA #5 gently shook the resident's left shoulder and then gently shook the resident's right shoulder to awaken the resident. CNA #5 raised the head of the bed and set up the meal tray. CNA #5 held the roll in her right hand, took a knife and sliced the roll. CNA #5 then placed a bib on the resident, removed the pillow from under the resident's left leg, placed the tray on the overbed table and rolled the overbed table in front of the resident. CNA #5 then gently shook the resident's right shoulder repeatedly stating, "Wake up for lunch." CNA #5 did not wash or clean her hands after touching the resident or bedside equipment.</p> <p>8. Observations during the supper meal delivery on the B400 halls on 3/29/10 at 5:27 PM revealed the following:</p> <p>a. CNA #5 delivered a meal tray to the resident in Room 418. CNA #5 raised the head of the bed, and then handled the silverware. CNA #5 delivered a meal tray to the resident in Room 404, helped reposition the resident in bed, and then set up the resident's tray by opening the drinks, food and silverware. CNA #5 did not wash or clean her hands after touching the resident or bedside equipment.</p>	F 441	<p>by cleaning periodically and after visible soiling, with an EPA disinfectant detergent or germicide that is approved for health care settings."</p> <p>Licensed nursing and CNT staff will be educated on Infection Control Practices with the learning objectives of:</p> <ul style="list-style-type: none"> ▪ Understanding and following Infection Control Guidelines ▪ Understanding and following the BLTC Policy: Blood Pressure Cuff Disinfection Procedures ▪ Proper disposable equipment use ▪ Utilizing proper handwashing protocols and techniques ▪ Utilizing appropriate tray pass/set up protocols (opening straws, stirring fluids, buttering breads) <p>The DON, ADON, Director of Skilled Services, Patient Care Managers (PCM), Wound Care Team Leader, Charge Nurse, Nursing Supervisor, Resident Assessment Manager, Unit Assessment Coordinator, Clinical Educators, Quality Manager, RN Wound Care Team Leader or Director of Quality, Risk and Advocacy will complete the staff education. The Dietitian or Clinical Diet Technician may also complete the education regarding tray pass/ set up as well.</p>	

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F 441	Continued From page 17 b. CNA #7 delivered a meal tray to the resident in Room 424. CNA #7 handled the bed crank to adjust the head of bed, then helped set up tray by opening the drinks, opened and placed the silverware on the resident's tray. CNA #7 then delivered a meal tray to another resident in Room 408. CNA #7 then helped the resident with clothing protector, elevated the head of the bed, set up the tray by opening the drinks, food and silverware. CNA #7 did not wash or clean her hands after touching the resident or bedside equipment. 9. Observations during the supper meal delivery on the B200 hall on 3/29/10 at 6:22 PM revealed the following: a. CNA #3 placed a meal tray on the overbed table in Room 202B, moved the wheelchair, picked up the trash can and moved it to end of bed. CNA #3 the rolled the head of the bed up, opened the milk carton, added sweetner to the tea and stirred the tea with the straw with her bare fingers. CNA #3 did not wash her hands after touching the resident or bedside equipment. b. CNA #4 placed a meal tray on the overbed table of Room 212B. CNA #4 rolled the head of the bed up, covered the resident with a sheet, used a sheet to pull the resident up in bed, rolled the head of the bed up, rolled the overbed table in front of resident and removed the cover from plate. CNA #4 then repositioned the resident, opened the milk carton, took a straw out of the silverware package and placed it in the milk carton with her bare hands. CNA #4 did not wash or clean her hands after touching the resident or bedside equipment. CNA #4 then took a meal tray	F 441	D. The Patient Care Manager, DON, Director of Quality, RN Wound Care Team Leader, Quality Manager, ADON, or Director of Skilled Services will audit 20% of meal tray pass/set up and medical equipment disinfection monthly for three months. The Dietitian and Clinical Diet Tech may also complete the tray pass/ set up portion of the audits. Once 95% compliance is reached for 3 consecutive months, then one additional quarterly audit will be completed. After that time additional audits may be conducted upon the discretion of the DON or Director of Quality/Risk Management. Audits will be reported in Quality Council Committee by the Department Manager.		

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F 441	Continued From page 18 into Room 216A. CNA #4 then turned on the light for the resident, and went back to the meal tray. CNA #4 then pulled up the resident's covers and pulled the resident up in bed. CNA #4 then pulled the silverware out of the wrapping and placed it on the meal tray without washing her hands.	F 441		

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