PRINTED: 05/19/2015
FORM APPROVED

Division of Health Care Facilities

RECEIVED MAY 29 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1936	A. BUILDING: _____ B. WING _____	05/13/2015

NAME OF PROVIDER OR SUPPLIER: LIFE CARE CENTER OF HICKORY WOODS

STREET ADDRESS, CITY, STATE, ZIP CODE: 4200 MURFREESBORO PIKE ANTIOCH, TN 37013

(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) COMPLETE DATE
N 505	1200-8-6-.05(3) Admissions, Discharges, and Transfers (3) Prior to the admission of a resident to a nursing home or prior to the execution of a contract for the care of a resident in a nursing home (whichever occurs first), each nursing home shall disclose in writing to the resident or to the resident ' s guardian, conservator or representative, if any, whether the facility has liability insurance and the identity of the primary insurance carrier. If the facility is self-insured, their statement shall reflect that fact and indicate the corporate entity responsible for payment of any claims. This Rule is not met as evidenced by: Based on review of the facility's admission packet and interview, the facility failed to disclose in writing to each resident prior to admission to the facility whether the facility had liability insurance. The facility was licensed for 124 beds and had a census of 75. The findings included: Review of the facility's admission packet revealed there was no documentation of residents being provided information in writing about the facility's liability insurance. Interview with Admissions Coordinator (AC) on 5/13/15 at 2:30 PM, in the conference room, the AC was asked if the residents were notified in writing of the facility's liability insurance prior to admission. The AC stated, "No, not to my knowledge. It's posted on the wall behind the receptionist desk."	N 505	N - 505 A. What corrective action(s) will be accomplished for those residents found to have been affected: On 5/13/2015 Executive Director educated admissions coordinators on disclosing in writing to each resident prior to admission to the facility of the facilities liability insurance. B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? On 5/13/2015 Admissions Coordinators created an insert for the admission packet to ensure residents aware of facilities liability insurance. Insert presented to surveyor and accepted. C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? Admissions Coordinator to audit admission packets before presenting to resident to ensure liability insurance is present upon each admission for 3 months. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. Results of liability insurance information present in admission packet audit will be reported and reviewed by the PI / QA Committee which includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Pharmacist, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator in Monthly QA meeting and corrections made as needed.	5/13/2015 5/13/2015 5/13/2015 6/19/2015

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shelley Barja

TITLE: Executive Director

(X6) DATE: 5-27-15

STATE FORM 6899 2SN011 If continuation sheet 1 of 1