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

PRINTED: 02/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	445512		01/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF NASHVILLE REHAB & WELLNESS	832 WEDGEWOOD AVENUE NASHVILLE, TN 37203

(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 000	INITIAL COMMENTS A recertification survey and complaint investigation #39780, #40001, #40029, #40159, #40209, #40257, #40270, #40452, and #40453 were completed on 1/23/17-1/25/17 at Signature Healthcare of Nashville Rehab and Wellness.No deficiencies were cited related to complaint #40001, #40029, #40159, #40209, #40257, #40270, and #40453. Deficiencies were cited related to the recertification survey and complaint investigation #40452 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000		
F 371 SS=F	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage,	F 371		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Thompson | TITLE: Administrator | (X6) DATE: 02/16/17

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 371	Continued From page 1 handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility dietary department failed to store insulated bowls in a sanitary manner and failed to maintain 2 of 3 spill pans in a sanitary manner for 2 of 3 days of dietary observations. The findings included: Observation on 1/23/17 beginning at 11:40 AM of the resident trayline service in the dietary department, with the Certified Dietary Manager present, revealed 12 8-ounce insulated bowls (used to store resident food for meal trays) stored and ready-to-use on the trayline. Further observation revealed 12 of 12 insulated bowls had wet interiors and 5 of the 12 insulated bowls had food debris present. Observation in the dietary department dishroom clean storage area revealed 4 trays with 12 insulated bowls each (total 48 insulated bowls) stored and ready-to-use. Further observation revealed 48 of 48 insulated bowls had wet interiors and 12 of the 48 insulated bowls had food debris present. Further observation revealed the range top had 2 foil lined spill pans with an accumulation of blackened debris under the foil liners. Observation on 1/24/17 beginning at 11:35 AM of the resident trayline service in the dietary department, with the Certified Dietary Manger present, revealed 12 8-ounce insulated bowls stored and ready-to-use on the trayline. Further observation revealed 12 of 12 insulated bowls had wet interiors and 2 of the 12 insulated bowls had food debris present. Further observation revealed 36 8-ounce insulated bowls stored and	F 371	F371F 1. All bowls are now stored in dish crates for proper air drying. Older bowls have been replaced. Spill pans foil has been removed and drip pans cleaned. 03/11/17 2. All other dishware is stored in a sanitary manner 03/11/17 3. Policy has been changed to address bowl storage and CDM provided education to the kitchen staff regarding appropriate cleaning and drying of insulated bowls and that drip pans are cleaned daily. Daily audits are conducted by CDM or designee daily for 2 weeks and 2 times weekly for one month. 03/11/17 4. Daily and weekly audit compliance will be reported by CDM to QAPI Committee for review – monthly for a period of 3 months and quarterly thereafter.	

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F 371	Continued From page 2 ready-to-use on a shelf by the trayline. Further observation revealed 36 of 36 insulated bowls had wet interiors and 2 of the 36 bowls had food debris present. Further observation revealed the range top had 2 foil lined spill pans with an accumulation of blackened debris under the foil liners. Interview with the Certified Dietary Manager on 1/23/17 at 11:55 AM and on 1/24/17 at 11:40 AM in the dietary department confirmed, the facility failed to store the insulated bowls in a sanitary manner and failed to maintain the spill pans in a sanitary manner.	F 371		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments;	F 514		

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F 514	Continued From page 3 (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure medical reccords were completely and accurately documented for 1 resident (#103) of 5 residents reviewed for wound care and medication administration. The findings included: Medical record review revealed Resident #103 was admitted to the facility on 12/23/16 with diagnoses including Extradural and Subdural Abscess, Osteomyelitis of Vertebra, Cervicothoracic Region, Acute Embolism and Thrombosis of Deep Veins of Upper Extremity, Hypertension, Chronic Pain, Chronic Obstructive Pulmonary Disease, Arteriosclerotic Cardiovascular Disease, Personality Disorder, and Depression. Medical record review of Wound Care Notes dated 12/26/16 revealed Resident #103 had a surgical wound on the back of her neck measuring 3.2 centimeters (cm) by 2.8 cm by 0.1 cm with light exudate and no odor. Continued review of the Wound Care Notes dated 1/2/17	F 514	1. Resident #103 was discharged home on 1/7/2017 with Home Health Support 2. The facility realizes that all residents have the potential to be affected by this alleged deficiency 3. Each licensed nurse will pull and print "Omissions Report" identifying any missed medications and/or treatments that were not signed off as completed. Nursing staff will sign off on completed report and provide it daily to the DON or designee. Education was provided to licensed nurses on the process and expectation of pulling, signing, and submitting the omission report into the DON, or designee. DON will double check process by pulling an omissions report each day to ensure medications and/or treatments have been completed as ordered by the physician. 4. Review of omission report compliance will be reported by DON to QAPI Committee for review – monthly for a period of 3 months and quarterly thereafter.	03/11/17 03/11/17 03/11/17 03/11/17

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F 514	Continued From page 4 revealed the surgical wound on the back of the neck measured 5.0 cm x 2.5 cm x 0.1 cm with light exudate and blanchable erythema (redness which turned white with pressure) around the wound. Medical record review of the Physician's admission orders dated 12/23/16 revealed Resident #103 was ordered Daptomycin (antibiotic) 350 milligrams (mg) intravenously every 24 hours as well as Ciprofloxacin (antibiotic) 750 mg orally every 12 hours. Continued review of the physician's orders revealed wound care included "...every 12 hours back wound: cleanse w/NS (with normal saline), multidex gel, pack undermining (wound tunneling) 4-7 o'clock w/packing strips; use wooden and cotton tip applicator as needed but you have to pack deep into pocket not just lay gauze on wound; dry gauze; tape..." Medical record review of the Medication Administration Record (MAR) for 12/2016 and 1/2017 revealed the Daptomycin was ordered to be administered at 6:00 PM. Continued MAR review revealed no documentation the medication was administered on 12/30/16 and 1/3/17. Medical record review of the MAR revealed the Ciprofloxacin was ordered to be administered at 8:00 AM and 8:00 PM. Continued review revealed no documentation the medication was administered on 12/25/16 at 8:00 PM and 1/3/17 at 8:00 AM. Medical record review of the Treatment Administration Record (TAR) for 12/2016 and 1/2017 revealed the wound care was scheduled for the 7:00 AM - 7:00 PM shift and the 7:00 PM -	F 514		

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F 514	Continued From page 5 7:00 AM shift. Continued review of the TAR revealed wound care was not documented as being completed on 12/30/16 on the 7:00 AM - 7:00 PM shift; 1/3/17 on the 7:00 PM - 7:00 AM shift; and 1/4/17 on the 7:00 AM - 7:00 PM shift. Interview with the Nurse Practitioner on 1/25/17 at 11:20 AM in the Director of Nursing's (DON's) office, revealed the resident's wound improved while at the facility. Continued interview revealed Resident #103 saw the surgeon before she was discharged and was discharged because she was independent with all activities. Further review revealed Resident #103 had chronic osteomyelitis in the thoracic spine and the goal was to keep it under control. Continued interview revealed the resident's sedimentation rate and C reactive protein results remained stable and those were the best indicators of increasing infection. Further interview revealed Resident #103 was discharged home with Home Health on 1/7/17. Interview with the Director of Nursing (DON) on 1/25/17 at 8:45 AM in the DON's office confirmed the facility failed to document Daptomycin and Ciprofloxacin were administered as ordered. Continued interview with the DON confirmed the facility failed to document wound care was completed every 12 hours as ordered by the physician.	F 514		