

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

PRINTED: 07/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2013
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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F 160 SS=D	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, review of the resident trust fund and interview, it was determined the facility failed to convey resident trust fund balance within 30 days of death or discharge for 1 of 1 (Resident # 53) sampled residents reviewed for trust fund reimbursements.</p> <p>The findings included:</p> <p>Review of the facility's Business Office Guidelines policy documented, "...22. Upon death or discharge of a resident, the balance (if any) will be refunded within thirty (30) days."</p> <p>Review of the resident trust fund for deceased Resident #53 documented the resident expired on 2/22/13. The trust fund was not closed and conveyed until 4/26/13 (greater than 30 days).</p> <p>During and interview in the conference room on 8/20/13 at 9:10 AM, the Business Office Manager stated, "Our policy is to convey funds within 30 days of death. This resident died 2/22/13 and the fund was closed on 4/26/13. I am the third business office manager since first of this year and started this past Monday."</p>	F 160	<p>This Plan of Correction is being submitted as required by Federal regulation. The submission of this Plan of Correction is not to be construed as an admission by the facility as to the accuracy of the citation nor the findings of facts. Please accept this as our Plan of Correction.</p> <p>F 160 Resident #53 was refunded on 4/26/13. An audit of all discharged residents will be conducted and refunds will be paid to those applicable. The Business Office Manager will be inserviced on refunds to discharged residents within 30 days. All discharged residents will be audited weekly for possible refunds and brought to QA monthly.</p>	7/17/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cynthia March</i>	TITLE Administrator	(X6) DATE 7/12/13
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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 514 SS=D	<p>483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>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 ensure the accuracy of the medical record for 2 of 19 (Residents #16 and 55) sampled residents of the 27 residents included in the stage 2 review.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the facility's "MEDICATION ORDERS" policy documented, "...Medication orders are recapped on a monthly basis when the prescriber signs the physician order summary. A designated nurse reviews the order summary before giving it to the prescriber to sign..." Medical record review for Resident #16 documented an admission date of 4/9/10 with a readmission date of 3/22/13 with diagnoses of 	F 514	<p>F 514 Physician order for Resident #16 and #55 was corrected.</p> <p>An audit of orders on all active charts is conducted and corrections made.</p> <p>RN, Nurse Staff, DON, Medical Records, MDS Coordinator were inserviced regarding process for recapping orders.</p> <p>DON/designee will audit 5% of physician orders monthly. Any issues noted will be addressed at time of discovery and reported to QA for follow-up.</p> <p>Random audits will be performed monthly and brought to QA.</p>	7/11/13	

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F 514	<p>Continued From page 2</p> <p>Muscle Weakness, Dysphagia, Acute Kidney Failure, Depressive Disorder, Hyperlipidemia, Esophageal Reflux Disease, Senile Dementia, Symbolic Dysfunction and Hypertension. Review of the admission orders dated 3/22/13 documented, "...ASA [aspirin] 81 mg [milligrams] [two] po [by mouth] daily..." Review of the physician recertification orders dated 4/1/13, 5/1/13 and 6/3/13 revealed ASA was not included on the recertification orders. Review of the Medication Administration Record (MAR) dated March, April, May and June 2013 documented Resident #16 had received Aspirin 81 mg po daily since admission on 3/22/13.</p> <p>Observations in Resident #16's room on 6/20/13 at 7:30 AM, Nurse #2 administered ASA 81 mg tablet to Resident #16.</p> <p>During an interview in the conference room on 6/20/13 at 10:20 AM, the staff development coordinator confirmed the physician's order for ASA 81 mg po daily was not on the April, May and June 2013 recertification orders for Resident #16.</p> <p>3. Medical record review for Resident #55 documented an admission date of 4/29/13 with diagnoses of Pure Hypercholesterolemia, Brain Injury, Anxiety, Anemia, Anemia, Debility, Benign Prostatic Hyperplasia, Congestive Heart Failure, Symbolic Dysfunction, Pressure Ulcer, Dementia with Behavior Disturbances and Hypothyroidism. Review of a physician's order dated 4/30/13 documented, "...May have restoril 15 mg [one] po @ [at] HS [hour of sleep] as needed for sleep... (2) Zinc 220 mg po BID [twice daily] for wnd [wound] healing (3) Vitamin C 500 mg po BID for</p>	F 514		
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F 514	<p>Continued From page 3</p> <p>wnd..." Review of the physician recertification orders dated 6/5/13 revealed restoril, zinc and vitamin C were not included on the orders. Review of the MAR for May and June 2013 documented Resident #55 had received Restoril, Zinc and Vitamin C.</p> <p>Observations in Resident #55's room on 6/20/13 at 7:15 AM, Nurse #2 administered Vitamin C 500 mg and Zinc Sulfate 220 mg to Resident #55.</p> <p>During an interview in the conference room on 6/20/13 at 10:20 AM, the staff development coordinator confirmed the physician's order for Restoril 15 mg at HS, Zinc Sulfate 220 mg BID and Vitamin C 500 mg BID were not on the June 2013 recertification orders for Resident #55.</p>	F 514		
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