

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

PRINTED: 05/20/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/14/2009
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NAME OF PROVIDER OR SUPPLIER  ARDMORE ON MAIN CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain a clean and orderly environment as evidenced by soiled bedpans, soiled toilet seats and lid in 2 of 40 (resident room 11 and 37) resident rooms and black grout between tiles in the floor and walls of a shower room or soiled shower chairs in 3 of 4 bathrooms/central shower rooms.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations in the bathroom of resident room #11 on 5/11/09 at 9:35 AM revealed three unlabeled and unwrapped bed pans stacked on top of each other and located on top of the toilet lid. The top bed pan revealed a smeared brown substance located on the top and inside the bed pan.</li> <li>During an interview in the bathroom of resident room #11 on 5/11/09 at 11:00 AM, Certified Nursing Assistant (CNA #1) confirmed the bed pans should be wrapped and labeled. CNA #1 then proceeded to discard the three bed pans and stated, "I got rid of a lot of these today."</li> <li>Observations in the bathroom of resident room #37 on 5/11/09 at 10:35 AM revealed red spots on the toilet lid and brown spots on the toilet rings. The Director of Nursing (DON) was present during the tour and confirmed these findings.</li> </ol> <p><i>acceptable POC 5/29/09 [Signature]</i></p>	F 253	<p><i>This plan of correction is being submitted in compliance with specific regulatory requirements and this preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies.</i></p> <p><b>F-253</b></p> <p>1. Resident Room #11 bed pans were changed, labeled and separated on 5/11/09. The toilet in room #37 was cleaned on 5/11/09. The grout in North Hall shower room was pressure washed on 5/12/09. The North Hall shower chairs were pressure washed on 5/12/09. East and West Hall shower chairs were pressure washed on 5/14/09. The items above were completed under the supervision of the facility management team, including Director of Nursing Services and Environmental Services Director.</p>	5/29/09
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Macy Marcela Bryant</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5/29/09</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 253	Continued From page 1  3. Observations in the North hall shower room on 5/11/09 at 10:55 AM, revealed black grout between the tiles on the floor and the walls. The DON was present during the tour and confirmed these findings.  Observations in the North hall shower room on 5/14/09 at 5:37 PM revealed a shower chair with one leg stained with dried, brown matter.  4. Observations in the West hall bath/shower room on 5/14/09 at 5:35 PM revealed a shower chair with multiple, dried, yellow spots encircling all four legs at the base near the wheels and the shower chair bucket had a large smeared area of dried, brown matter.  5. Observations in the East hall shower room on 5/14/09 at 5:40 PM, revealed one shower chair with large areas of dried, brown matter stains under the chair seat and dark mildew spots around the leg joints at the bases. A second shower chair revealed areas of dried, brown matter under the chair seat and all leg joints revealed areas of dried, pink spots, yellow matter and black matter encircling the leg bases.  6. During an interview during the tour of the shower rooms on 5/14/09 at 5:40 PM Nurse #1 confirmed the above findings during the tour of the shower rooms.	F 253	2. The Environmental Services Director and Weekend Manager on Duty started making rounds 3-times per week 05/27/09 to check the cleanliness of toilets, shower room floors. The Director of Nursing Services, Assistant Director of Nursing Services or RN Supervisor started making rounds 3-times per week on bedpan storage and shower chairs 05/27/09.  3. C.N.A.'s will be re-educated on storage of bedpans and cleaning procedures of shower chairs after each use by the Assistant Director of Nursing by 5/29/09. Housekeeping Staff will be re-educated by the Environmental Services Director by 5/29/09 on shower chairs being pressure washed weekly and shower floors being pressure washed monthly by the housekeeping department. Department Managers will monitor storage of bedpans and cleanliness of toilets 3 times per	
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.	F 279		5/29/09

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F 279	<p>Continued From page 2</p> <p>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.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, it was determined the facility failed to update the comprehensive care plan to reflect that bed bolsters, anti-tippers on a wheelchair or placing a bed against the wall had been discontinued for 2 of 13 (Residents #5 and 9) sampled residents.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #5 documented an admission date of 1/20/06 with diagnoses of a history of closed Skull Fracture with Deep Coma, Multiple Joint Contractures, Lack of Coordination, General Muscle Weakness, Depressive Psychosis, Anxiety and Osteoporosis. The comprehensive care plan for falls dated 10/21/08 through 7/6/09 documented under approaches: "3/21 Bolsters for side rails as</p>	F 279	<p>week for 30-days as part of their Guardian Angel rounds. Director of Nursing Services will randomly audit bedpan storage and shower chair cleanliness 3-times per week for 30-days and once per month for 2-months. The Environmental Services Director will randomly audit toilets and shower floors 3-times per week for 30-days and once per month for 2-months.</p> <p>4. The Environmental Services Director, Director of Nursing Services, Assistant Director of Nursing Services, and Department Managers will report on results of daily rounds during the Daily Stand-Up Meeting and tracking of trends will be reviewed at the monthly Quality Management Meeting for 3-months. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.</p>	

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F 279	<p>Continued From page 3</p> <p>ordered." Review of the Physician's telephone orders dated 4/7/09 documented: "4/7/09 1. DC [discontinue] Bolsters to bed." The comprehensive care plan was not updated to reflect the Bolsters had been discontinued on 4/7/09.</p> <p>During an interview in the conference room on 5/14/09 at 8:30 AM, the Director of Nursing (DON) stated, "There is no update on the care plan to DC the use of the Bolsters."</p> <p>2. Medical record review for Resident #9 documented an admission date of 12/28/07 with diagnoses of Hypertension, Chronic Kidney Disease, Diabetes Mellitus Type 2 and Neuropathy in Diabetes. Review of the care plan dated 10/15/08 documented anti-tippers to the wheelchair. Review of the incident accident report dated 10/27/08 documented that Resident #9 flipped his chair backwards at the nursing station. The interventions documented were to place anti-tippers onto the wheelchair and encourage the resident not to perform tricks in his wheelchair. Review of the physician's telephone orders dated 3/27/09 documented: "DC anti-tippers to WC [wheelchair]."</p> <p>Observations in the dining room on 5/11/09 at 5:10 PM, revealed Resident #9 sitting in his WC with no anti-tippers on his w/c.</p> <p>Observations in the north hallway on 5/12/09 at 8:45 AM, revealed Resident #9 in his w/c with no anti-tippers on his w/c.</p> <p>During an interview in the conference room on 5/12/09 at 3:25 PM, Nurse #2 stated Resident #9's anti-tippers have been discontinued and the</p>	F 279	<p><b>F-279</b></p> <p>1. The Clinical Case Manager updated Resident #5's care plan on 5/26/09 and Resident #9's care plan on 5/14/09.</p> <p>2. The Patient Care Coordinator, Evening Nurse Supervisor, Charge Nurse and Administrator completed a chart audit of current resident charts by 5/26/09 to ensure the care plan matched the physician orders and current plan of care. The Director of Nursing Services, Assistant Director of Nursing Services or RN Manager will review all new physician orders to ensure care plans are updated accurately weekly for 3 months.</p> <p>3. Licensed nurses will be re-educated by the Assistant Director of Nursing by 5/29/09 on how to accurately update a care plan to match physician orders and a resident's current plan of care.</p>	5/29/09

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F 279	Continued From page 4 fall care plan needs to be updated.  Further review of Resident #9's comprehensive care plan for falls dated 1/2/09 documented: "risk for adverse affects related to 1/2 sr [side rail]; bed against wall and pommel cushion use."  Observations in Resident #9's room during the initial tour on 5/11/09 at 9:15 AM, revealed Resident #9's bed was not against the wall as documented on the care plan.  Observations in Resident #9's room on 5/13/09 at 7:45 AM, revealed Resident #9 sitting in his w/c near the end of his bed and the bed was not against the wall.  During an interview in the conference room on 5/12/09 at 3:25 PM, Nurse #2 stated Resident #9's bed is no longer against the wall and this care plan needs to be updated.	F 279	4. The Director of Nursing Services and Assistant Director of Nursing Services will report finding of physician order review to track any trends in the process of updating care plans during the Daily Stand-Up Meeting and tracking of trends will be reviewed at the monthly Quality Management Meeting for 3-months. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.	
F 309 SS=D	483.25 QUALITY OF CARE  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.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, it was determined the facility failed to follow the physician's order to position the bed beside the wall for 1 of 13 (Resident #9) sampled residents.	F 309	<b>F-309</b>  1. The Patient Care Coordinator received a physician's order to discontinued Resident #9's bed against the wall and side rails at the resident's request on 5/22/09. The Clinical Case Manager updated the care plan on 5/22/09.  2. The Clinical Case Manager and Charge Nurse will conduct a chart audit of physicians orders	

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F 309	<p>Continued From page 5</p> <p>The findings included:</p> <p>Medical record review for Resident #9 documented an admission date of 12/28/07 and diagnoses of Hypertension, Chronic Kidney Disease, Diabetes Mellitus Type 2 and Neuropathy in Diabetes. Review of the physician's orders dated 5/1/09 through 5/31/09, with an original order date of 1/2/09 documented, "Bedside rail up times one with bed beside wall for positioning." Review of the comprehensive care plan dated 1/2/09 documented, "risk for adverse affects related to ½ sr [side rail]; bed against wall..."</p> <p>Observations in Resident #9's room during the initial tour on 5/11/09 at 9:15 AM, revealed Resident #9's bed was not against the wall.</p> <p>Observations in Resident #9's room on 5/13/09 at 7:45 AM, revealed Resident #9 sitting in his wheelchair (w/c) near the end of the bed. Resident #9's bed was not positioned against the wall as ordered.</p> <p>During an interview in the conference room on 5/12/09 at 3:25 PM, Nurse #2 stated, Resident #9's bed is no longer against the wall and this care plan needs to be updated.</p>	F 309	<p>for beds against the wall to ensure physician's orders correspond with the care plan by 5/27/09.</p> <p>3. Licensed nurses will be re-educated by the Assistant Director of Nursing Services by 5/29/09 on how to accurately update a care plan to match physician orders and a resident's current plan of care. The Clinical Case Manager will conduct random care plan audits on 10 resident charts, 3-times per week for 30-days and once per month for 2-months.</p> <p>4. The Clinical Case Manager will report findings of care plan audit during the Daily Stand-Up Meeting and tracking of trends will be reviewed at the monthly Quality Management Meeting for 3-months. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers.</p>	5/29/09
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