

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2010
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NAME OF PROVIDER OR SUPPLIER  ARDMORE ON MAIN CARE AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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N 531	<p>1200-8-6-.05(14) Admissions, Discharges, and Transfers</p> <p>(14)When the attending physician has ordered a resident transferred or discharged, but the resident or a representative of the resident opposes the action, the nursing home shall counsel with the resident, the next of kin, sponsor and representative, if any, in an attempt to resolve the dispute and shall not transfer the resident until such counseling has been provided. No involuntary transfer or discharge shall be made until the nursing home has first informed the department and the area long-term care ombudsman. Unless a disaster occurs on the premises or the attending physician orders the transfer as a medical emergency (due to the resident ' s immediate need for a higher level of care) no involuntary transfer or discharge shall be made until five (5) business days after these agencies have been notified, unless they each earlier declare that they have no intention of intervening.</p> <p>This Rule is not met as evidenced by: Type B1 Penalty #4</p> <p>Tennessee Code Annotated 68-11-803(b)4: No involuntary transfer or discharge shall be made until the nursing home has first informed the department and the area long-term care ombudsman.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on closed medical record review and interview, it was determined the facility failed to provide in writing the reason for discharge, the right of appeal, and how to contact the ombudsman for 1 of 6 (Resident #19) closed</p>	N 531	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Ardmore on Main Care &amp; Rehabilitation Center</b> does not admit that the deficiency listed on this form exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>N531</p> <p>1. Resident Identifier #19 discharged home on May 16, 2010.</p> <p>RR #4 cell phone was returned to the resident on May 16, 2010.</p> <p>2. The Social Services Director conducted audits on May 26-June 3, 2010 of the last 5 residents discharged from the center.</p> <p>3. On May 26, 2010, the Administrator re-educated the Social Services Director on notice requirements before and after discharge and on notifying the Ombudsman as warranted.</p>	

Division of Health Care Facilities  LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE Administrator	(X6) DATE 6/4/10
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N 531	<p>Continued From page 1 records reviewed.</p> <p>The findings included:</p> <p>Medical record review for Resident #19 documented an admission date of 4/13/10 with diagnoses of Muscle Weakness, Pressure Ulcer Buttocks Stage Four, Thrombocytopenia, Anemia, Pyelonephritis, Colostomy and Lower Limb Amputation. Review of Resident #19's "Interdisciplinary Progress Note" for nursing documented the following:</p> <p>a. 5/15/10 documented, "12 noon - Pt [patient #19] outside on front porch of facility listening to his CD [Compact Disc] player rap music. [Named Resident #21] was also outside. [Named Resident #19] had music playing and was going to go back into facility and he [Resident #21] asked [Named Resident #19] to turn music off if he was going in. He [Resident #21] said [Named Resident #19] became very upset stating he would do whatever the hell he wanted to do and then threw some popsicle holders at [Named Resident #21] and continued to cuss him so [Named Resident #21] became mad and took his ankle weight off his chair and threw it back at [Named Resident #19] hitting him [Resident #19] in the chest. [Named Resident #19] became very upset and came into building cussing at staff. He [Resident #19] was instructed to please be quiet and quit cussing so loud in front of family members and other residents. Resident [#19] did not care but did leave continuing to curse staff. He [Resident #19] came back to nursing station and called 911 and reported an assault against him. [Named police department] did come to facility and spoke c [with] both residents. Residents chose not to press charges against one another. [Named Administrator] notified of</p>	N 531	<p>On May 27, 2010, the Social Services Director and Director of Nursing re-educated the licensed nursing staff on documentation guidelines for discharging residents home.</p> <p>4. The Social Services Director and Health Information Director will audit discharge resident's medical records weekly x 4 weeks for agency referrals, discharge planning documentation and then monthly for the next two months. The findings will be taken to Performance Improvement Committee.</p> <p>The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the discharge resident's audits in the monthly Performance Improvement Committee meeting; subsequent plans of correction will be implemented as necessary.</p>	6/14/2010

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N 531	<p>Continued From page 2</p> <p>above. [Named Social Services Director] notified of above. Will continue to monitor... 5/15/10-930p ...A few verbal outburst early evening, quieter by 10p."</p> <p>b. "5/16/10-6a Argument continues c [with] resident in [gave room number of Resident #21]. Each accusing the other of assault. Suggested by charge nurse that both stay away from each other... 5/16/10-730am-Resident in shower c CNA [Certified Nursing Assistant] [named CNA #5]. While in shower room she [CNA #5] transferred some of his clothes and while doing so a cell phone dropped onto floor. [Resident #19] did not notice it [cell phone] and [Named CNA #5] was able to get phone. [Named CNA #5] brought phone to nursing station and they discovered phone to be [Named Random Resident (RR) #4] [Named Resident #19's] previous roommate... 5/16/10-2p"-Pt [Resident #19] discharged home with mother. 0 [No] c/o [complaint of] pain."</p> <p>Review of the Social Services Director's (SSD) "Interdisciplinary Progress Notes" for Resident #19 documented the following:</p> <p>a. 5/7/10 "...No mood indicators noted during this review. Writer is assisting resident with application for public housing. Resident is short term placement. Resident has had some issues following policies &amp; [and] rules of facility. 1:1 [one on one] provided as needed."</p> <p>b. 5/14/10 documented, "Note: Explained to resident that we would be allowing others to borrow cigarettes during smoke breaks anymore because it's causing a financial hardship on those giving cigarettes to others..."</p> <p>c. "5/17/10-5:30p ...Resident d/c [discharged] home on 5/16/10 with mother. Resident was apparently threatening other residents and taking</p>	N 531		

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N 531	<p>Continued From page 3</p> <p>items, snacks, etc. [etcetera] from other resident rooms..."</p> <p>Review of the "24 Hour Report of Resident Change In Condition Book" dated 5/16/10 documented, "...[Named Resident #19] [Named Assistant Director of Nursing (ADON)] called mother to come pick him [Resident #19] up d/t [due to] continuous inappropriate behaviors..."</p> <p>During an interview in Room 44 on 5/19/10 at 2:55 PM, the ADON stated, "Issues with him [referring to Resident #19] had caught him outside smoking, confiscated his lighter and cigarettes. Had talked with [RR #4] about his missing cell phone. [Named Resident #19] had been seen using the resident's [RR #4's] phone. He [Resident #19] saw us talking to the resident [RR #4] and left the phone on the table. He [Resident #19] pulled the fire alarm on Saturday, made comment he had stolen so many things on Saturday night didn't know what all he had taken..."</p> <p>During an interview in Room 44 on 5/19/10 beginning at 2:55 PM, when asked if Resident #19 had been discharged because he wanted to go home or if it was the facility's decision to discharge him. The ADON stated, "We discharged him. It was either send him home with his mother or send him to a homeless shelter. We dc'd [discharged] him to his mother when he kept getting worse. We couldn't handle him so we asked his mother to take him home, that was the best option. Chemical restraints were suggested but we weren't comfortable with that, so the best thing was to get him out of here [the facility]."</p> <p>During a telephone interview with the Ombudsman on 5/20/10 at 11:00 AM, the</p>	N 531		

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N 531	Continued From page 4  Ombudsman confirmed that she was not contacted by the facility about the discharge of Resident #19 prior to his discharge from the facility.  There was no documentation in Resident #19's medical record that the facility had notified the resident's responsible party in writing of the reason for the discharge, how to appeal the discharge, and how to contact the ombudsman.	N 531		
N 645	1200-8-6-.06(3)(k) Basic Services  (3) Infection Control.  (k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.  This Rule is not met as evidenced by: Type C Pending Penalty #19  Tennessee Code Annotated 68-11-804(c)19:  The nursing home shall be clean, sanitary and in good repair at all times.  This Rule is not met as evidenced by:  Based on observations, it was determined the facility failed to ensure the environment was clean, sanitary and free of strong ammoniacal (urine) odors in 2 of 6 (Front lobby and North hall) common areas and free of flies in 1 of 3 (North Hall) halls, 1 of 38 resident rooms (room 30B) the	N 645	N645  1. The front lobby area and North Hall were cleaned on May-19, 2010 via the Housekeeping Supervisor.  Eradication of the flies was completed by May 27-June 4, 2010 by the Housekeeping and Maintenance Departments.  2. An audit was conducted by the Administrator and Housekeeping Supervisor on May 27, 2010 to identify sources of odors.  Nursing Management to include the Director of Nursing Services, Staff Development Coordinator, Unit Managers, and Administrator completed a walk through audit on May 27, 2010 to identify source of odors.	

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FORMAL REVIEW

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N 645	<p>Continued From page 5</p> <p>dining room, the nurses station and the laundry.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations in the front lobby on 5/17/10 at 11:30 AM, revealed strong urine odors.</li> </ol> <p>Observations in the front lobby on 5/18/10 at 7:30 AM, revealed strong urine odors.</p> <p>Observations in the front lobby on 5/19/10 at 7:45 AM, revealed strong urine odors.</p> <ol style="list-style-type: none"> <li>Observations on the North hall on 5/17/10 at 12:30 PM, revealed strong urine odors.</li> </ol> <p>Observations on the North hall on 5/18/10 at 7:45 AM, revealed strong urine odors.</p> <p>Observations on the North hall on 5/19/10, at 7:45 AM, revealed strong urine odors.</p> <p>Observations on the North hall on 5/19/10, at 1:15 PM, revealed strong urine odors.</p> <ol style="list-style-type: none"> <li>Observations in the dining room on 5/17/10 at 12:30 PM, revealed flies, flying around the tables.</li> </ol> <p>Observations in the dining room on 5/18/10 at 11:00 AM, revealed flies, flying around the tables.</p> <ol style="list-style-type: none"> <li>Observations on the North hall on 5/17/10 at 1:30 PM, revealed flies.</li> </ol> <p>Observations on the North hall on 5/19/10 at 1:15 PM, revealed the presence of flies.</p> <ol style="list-style-type: none"> <li>Observations in the nurses station on 5/17/10 at 4:50 PM, revealed flies.</li> </ol>	N 645	<p>Maintenance Director contacted Pest Control Provider regarding increased servicing for flies. Provider provided first treatment May 28, 2010.</p> <p>Administrator submitted a purchase order on May 25, 2010 for three air curtains to be installed on the front entrance, back entrance, and kitchen entrance upon delivery.</p> <p>Treatment of flies was completed on May 28, 2010 by the Pest Control Provider.</p> <ol style="list-style-type: none"> <li>Staff was re-educated by the Staff Development Coordinator on May 27-June 2, 2010 regarding identification and resolution of odors.</li> </ol> <p>Staff was re-educated by the Staff Development Coordinator and Maintenance Department on May 27, 2010, regarding pest control.</p> <ol style="list-style-type: none"> <li>Nursing Management to include the Director of Nursing Services, Staff Development Coordinator, Unit Managers, and Administrator will complete a walk through audit of center 3 x weekly x 4 weeks, 2 x weekly x 4 weeks, and 1 x weekly x 4 weeks to identify/resolve source of odors.</li> </ol> <p>The Performance Improvement Committee consisting of the Medical</p>	

Director, Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the Environmental Walk Rounds for three months; subsequent plans of correction will be implemented as necessary based on the audit results.

The Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director, Health Information Coordinator, Payroll Coordinator, Unit Supervisor, and A/R Specialist will monitor for fly activity in residents rooms, laundry, and common areas 3 times weekly x 4 weeks and 1 x weekly x 2 months.

The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the Customer First Rounds for three months; subsequent plans of correction will be implemented as necessary based on the audit results.

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N 645	<p>Continued From page 6</p> <p>Observations in the nurses station on 5/18/10 at 12:10 PM, revealed the presence of flies.</p> <p>Observations in the nurses station on 5/19/10 at 8:10 AM, revealed the presence of flies.</p> <p>Observations in the nurses station on 5/19/10 at 12:00 PM, revealed the presence of flies.</p> <p>6. Observations in resident room 30B on 5/18/10 at 7:55 AM, revealed a fly crawling on Resident #9's breakfast tray.</p> <p>7. Observations in the laundry room on 5/18/10 at 10:00 AM, revealed the presence of flies in both the soiled and clean linen areas.</p>	N 645		
N 669	<p>1200-8-6-.06(4)(c)4. Basic Services</p> <p>(4) Nursing Services.</p> <p>(c) The Director of Nursing shall have the following responsibilities:</p> <p>4. Notify the resident ' s physician when medically indicated.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #4</p> <p>Tennessee Code Annotated 68-11-804(c)4: Nursing homes shall notify the patient's physician of the condition of a patient, when it is medically indicated.</p> <p>This Rule is not met as evidenced by:</p>	N 669	<p>N669</p> <p>1. RI #1 was reassessed for pain by the Licensed Nurse on May 26, 2010. MD was notified on May 26, 2010.</p> <p>RI #21 was reassessed by the Licensed Nurse on May 26, 2010. MD was notified of Blood Glucose parameters less than 60 and there were no new orders.</p> <p>Attending physicians were called by the licensed nurses on 5/19/2010 to discuss the sliding scales with the physicians. No changes were made to sliding scales.</p>	

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N 669	<p>Continued From page 7</p> <p>Based on policy review, medical record review and interviews, it was determined the facility failed to ensure staff notified the attending physician of head injuries/swollen and painful knee, and low blood sugars (BS) for 2 of 23 (Residents #1 and 21) sampled residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Review of the facility's "Falls Management" policy documented, "When a Resident Falls Notify the licensed nurse who will: ...5. Notify the physician and the resident's responsible party."</li> </ol> <p>Medical record review for Resident #1 documented an admission date of 10/6/06 with diagnoses of Depressive Disorder, Dementia with Behaviors, Anxiety State, Alzheimer's Dementia, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Atrial Fibrillation, Peripheral Vascular Disease and history of Carotid Artery Occlusion with Infarct. Review of Resident #1's nurses' notes dated 10/12/09 "7A 7P" documented, "CNA [Certified Nursing Assistant #6] Reported a bruise to Residents [#1's] ^ [upper] hairline. Appears Resident hit her head on the Siderail. Siderails were padded p [after] the fact to prevent future incidents. Also noticed (L) [left] knee was swollen. Resident appear to be in some pain when it [left knee] is touched. Will monitor if worsen will notify MD [Medical Doctor]. There was no further documentation regarding the injury until 10/13/09 at 1:05 PM.</p> <p>During an interview in the Director of Nursing's (DON) office on 5/18/10 at 9:30 AM, the DON stated, "The physician should have been notified on 10/12/09."</p>	N 669	<ol style="list-style-type: none"> <li>A Pain Assessment Audit was conducted May 26-June 2, 2010 by the Assistant Director of Nursing and unit Managers for residents receiving scheduled pain medication regimens and prn pain medication regimens and it was documented.</li> </ol> <p>An MD Notification audit was conducted by the Director of Nursing, Assistant Director, and Unit Manager on May 26-June 3, 2010 of residents with events over the past 30 days and the physician was notified as needed.</p> <p>An audit of blood sugars was conducted by the Licensed Nurses on May 19, 2010 of residents receiving sliding scale insulin.</p> <ol style="list-style-type: none"> <li>On May 27, 2010, licensed staff were re-educated by the Director of Nursing on timely MD notification with event reporting and blood sugars that are &lt;60.</li> <li>The Director of Nursing and Assistant Director of Nursing will conduct audits of blood sugars and event reporting to ensure MD notification. These audits will be conducted 3x weekly x 4 weeks; then weekly x 1 month for a period of three months.</li> </ol> <p>The Performance Improvement Committee consisting of the Medical</p>	

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N 669	<p>Continued From page 8</p> <p>2. Medical record review for Resident #21 documented an admission date of 7/30/08 with diagnoses of Diabetes Mellitus, Congestive Heart Failure, Morbid Obesity and Hypertension. Review of a physician's order dated 1/4/10 and updated 4/29/10 documented, "...Accucheck before meals and at bedtime... Blood sugar [BS] parameters BS &gt; [greater than] or equal to 350 call M.D. [Medical Doctor] &amp; [and] follow orders. BS &lt; [less than] or equal to 60 tx [treat] w [with]/ 10 - [to] 15 grams of fast acting carbs [carbohydrates] (4oz. [ounces] OJ [orange juice]/2 sugar pkts [packets]/individual jelly/or 1 mg [milligram] glucagon sub-q [subcutaneous] or im [intramuscular], call M.D...."</p> <p>Review of Resident #21's "Blood Glucose Tracking Form" documented the following BS results:</p> <p>a. January 26, 2010 at 6:00 AM, BS was (=) 55. b. March 25, 2010 at 4:30 PM, BS=56. c. April 10, 2010 at 11:00 AM, BS =59.</p> <p>There was no documentation in Resident #21's medical record the physician was notified of these BS's that were less than 60.</p> <p>During an interview in Room 44 on 5/19/10 at 6:00 PM, the DON stated, "It [referring to physician notification] should be on the sheet [referring to Blood Glucose Tracking Form] or in the nurse's notes. If it's not there, then the doctor wasn't notified."</p>	N 669	<p>Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the MD notification audits monthly for three months; subsequent plans of correction will be implemented as necessary based on the audit results.</p>	6/14/2010
N 728	<p>1200-8-6-.06(6)(b) Basic Services</p> <p>(6) Pharmaceutical Services.</p> <p>(b) Such cabinets or drug rooms shall be kept securely locked when not in use, and the key</p>	N 728	N728	

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N 728	Continued From page 9 must be in the possession of the supervising nurse or other authorized persons.  This Rule is not met as evidenced by: Type C Pending Penalty #7  Tennessee Code Annotate 68-11-804(c)7: They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms.  This Rule is not met as evidenced by:  Based on observation and interview, it was determined the facility failed to secure medications in 1 of 3 (East hall) halls.  The findings included:  Observations in Room 27B, located on the East hall, on 5/17/10 at 11:45 AM, revealed a bottle of Phillips Milk of Magnesia (MOM) was sitting on the over bed table for B bed in room 27.  During an interview in Room 27B on 5/17/10 at 12:00 AM, Licensed Practical Nurse #1 stated, "He [Resident in room 27B] left yesterday and that's probably when he got it [MOM]."	N 728	1. Licensed Nurse #1 immediately removed the Milk of Magnesia from resident's room on May 17, 2010.  Resident in room 27B was reassessed on May 19, 2010 with no abnormal findings.  2. Licensed nurses completed an audit of resident's room on May 27, 2010, to check for unsecured medications.  A letter was mailed by the Administrator to residents and families on June 2, 2010, regarding security of medications and proper storage of medications.  3. Licensed Nurses were re-educated on May 24-27, 2010 by the Director of Nursing Services regarding proper security of medications.  4. The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor resident's rooms 3x weekly x 3 months. The results of the audits will be reviewed by the Performance Improvement Committee and subsequent plans of correction will be implemented as necessary based on the audit results.	
N 767	1200-8-6-.06(9)(i) Basic Services  (9) Food and Dietetic Services.  (i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through	N 767		6/14/2010

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2010
NAME OF PROVIDER OR SUPPLIER  ARDMORE ON MAIN CARE AND REHABILITAT		STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449		
(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 767	Continued From page 10 hallways.  This Rule is not met as evidenced by: Type C Pending Penalty #22  Tennessee code Annotated TCA 68-11-804(c)22 Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.  This Rule is not met as evidenced by:  Based on observations, it was determined the facility failed to ensure food was protected from sources of contamination such as the presence of flies in the dining room and in 1 of 38 resident rooms (room 30B).  The findings included:  1. Observations during the lunch meal, in the dining room on 5/17/10 at 12:30 PM, revealed flies, flying around the tables.  Observations during the lunch meal, in the dining room on 5/18/10 at 11:00 AM, revealed flies, flying around the tables.  2. Observations during the breakfast meal, in resident room 30B on 5/18/10 at 7:55 AM, revealed a fly crawling on Resident #9's breakfast tray.	N 767	<b>N767</b>  1. Eradication of the flies was completed by May 27-June 4, 2010 by the Housekeeping and Maintenance Departments.  2. Maintenance Director contacted Pest Control Provider regarding increased servicing for flies. Provider provided first treatment May 28, 2010.  Administrator submitted a purchase order on May 25, 2010 for three air curtains to be installed on the front entrance, back entrance, and kitchen entrance upon delivery.  Treatment of flies was completed on May 28, 2010 by the Pest Control Provider.  3. Staff was re-educated by the Staff Development Coordinator and Maintenance Department on May 27, 2010, regarding pest control.  4. The Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services	
N1216	1200-8-6-.12(1)(p) Resident Rights	N1216		

Director, Health Information Coordinator, Payroll Coordinator, Unit Supervisor, and A/R Specialist will monitor for fly activity in residents rooms, laundry, and common areas 3 times weekly x 4 weeks and 1 x weekly x 2 months.

The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the Customer First Rounds for three months; subsequent plans of correction will be implemented as necessary based on the audit results

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/19/2010
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NAME OF PROVIDER OR SUPPLIER  ARDMORE ON MAIN CARE AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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N1216	<p>Continued From page 11</p> <p>(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights:</p> <p>(p) To have their records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident's health care decision maker. The nursing home must have policies to govern access and duplication of the resident's record;</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #5</p> <p>Tennessee Code Annotated 68-11-804 (c)5:</p> <p>Each patient has a right to have the patient's personal records kept confidential and private.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on observations, it was determined the facility failed to provide privacy of medical records on 2 of 3 halls (East hall and North hall) on 2 days (5/18/10 and 5/19/10) of the survey.</p> <p>The findings included:</p> <p>1. Observations on the East hall on 5/18/10 at</p>	N1216	<p>N1216</p> <ol style="list-style-type: none"> <li>1. A review of Medication Administration Records on the East and North Hall was conducted on May 19, 2010 by the Director of Nursing and was in Compliance.</li> <li>2. A review of the Medication Administration Records and areas of the facility containing protected health information was conducted on May 19, 2010 by the Director of Nursing and Assistant Director of Nursing to ensure the privacy of the medical record.</li> <li>3. Re-education was provided by the Staff Development Coordinator on May 26-27, 2010 on privacy of medical records.</li> <li>4. The Director of Nursing, Assistant Director of Nursing, and Unit Manager will check the Medication Administration Records 3x weekly x 1 month, then 2x weekly for 2 months. Audit results will be documented and</li> </ol>	

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N1216	<p>Continued From page 12</p> <p>7:55 AM, revealed a Medication Administration Record (MAR) was lying open on the medication cart with resident information in public view to anyone who passed by. No nursing personnel were in attendance.</p> <p>2. Observations on the North hall on 5/19/10 at 3:30 PM, revealed a MAR was partially open on the medication cart with resident information in public view to anyone who passed by. No nursing personnel were in attendance.</p>	N1216	<p>taken to the Performance Improvement Committee Meeting.</p> <p>The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Social Services Director, Maintenance Director, and Nutritional Services Director will monitor the results of the privacy audits monthly for three months; subsequent plans of correction will be implemented as necessary based on the audit results.</p>	6/14/2010