

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

OTC 5/22/15

PRINTED: 04/24/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>POC #1</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/07/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALEXIAN VILLAGE OF TENNESSEE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377</b>	
(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	F 000	Alexian Village Health and Rehabilitation Center offers this Plan of Correction as its allegation of compliance with the participation requirements for long term care facilities and as evidence of its ongoing efforts to provide quality care to residents.	
F 309 SS=D	<p>Complaint investigation #35116, was completed on 4/7/15, at Alexian Village of Tennessee. Deficiencies were cited under CFR Part 483, Requirements for Long Term Care Facilities.</p> <p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interviews, the facility failed to provide the necessary care and services to maintain practicable physical well-being in accordance with the comprehensive assessment and care plan for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on 11/2/08 and readmitted on 12/11/12 with diagnoses including Dysphagia, Muscle Weakness, Atrial Fibrillation, Diabetes Type I, Cardiovascular Disease, Hypertension, and Dementia.</p> <p>Medical record review of the resident's Care Plan for basic care needs dated 8/18/14, revealed "...need REPOSITIONING every two while I am in</p>	F 309	<p><b>Disclaimer Statement</b></p> <p>Alexian Village Health and Rehabilitation Center does not admit that any deficiencies existed, before, during or after the survey. Alexian Village Health and Rehabilitation Center reserves all rights to contest the survey findings through the IDR, formal appeal proceeding or any administrative or legal proceedings. This POC is not meant to establish any standard of care or contractual obligation and Alexian Village Health and Rehabilitation Center reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this POC should be deemed applicable to peer review, quality assurance or self-critical examination privileges which Alexian Village Health and Rehabilitation Center does not waive.</p> <p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Resident #1 is deceased and no longer a resident in facility.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



*Administrative*

5-1-15

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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NAME OF PROVIDER OR SUPPLIER  ALEXIAN VILLAGE OF TENNESSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
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F 309	Continued From page 1 bed and q (every) two hours during the night..."  Medical record review of the Minimum Data Set (MDS) dated 11/5/14, revealed Resident #1 required extensive assistance of two persons for bed mobility which includes turning from side to side, and positions body while in bed.  Medical record review of the "Nurse Aide's Information Sheet", undated, revealed the resident required turn and position "...every 2 hours...with 2 assist..."  Interview with the President and CEO (Chief Executive Officer), on 4/7/15, at 9:50 AM, in the Conference Room, revealed recording tapes were viewed after the incident and after review it was determined no staff member had entered the resident's room for approximately 5 hours. Video tapes revealed shadows in the hallway determining some monitoring was done but "not acceptable" rounds.  Interview with the Director of Nursing (DON), on 4/7/15, at 5:10 PM, in the Conference Room, confirmed after the investigation was completed it was determined the licensed nurse and the CNA did not enter Resident #1's room for approximately 5 hours on the night of 11/27-28/14. Further interview confirmed the facility failed to follow the resident's comprehensive assessment and care plan related to repositioning every 2 hours while in bed and every 2 hours during the night utilizing a two person assist.	F 309	A review of all residents on each floor was conducted and no other residents were affected.  Staff was in-serviced on 11/28/2014 and 12/1/2014 regarding timely (minimum of every 2 hours) ADL care and on Resident Neglect and Abuse policies and procedures. In-service is ongoing. After investigation, CNA and charge nurse were terminated.  DON or designee will complete random audits of timely resident care rounds, once/week for the first month, twice/per month for the second month and monthly for 4 months. Results and efficacy of audits will be reported monthly to the QAPI Committee.	05/1/2015	