

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

PRINTED: 04/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2014
NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918		
(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 #33297 and #33399 were completed on April 14-16, 2014, at Beverly Park Place Health and Rehab. No deficiencies were cited related to complaint investigation #33297 and #33399 under 42 CFR PART 482, Requirements for Long Term Care Facilities.	F 000			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to perform appropriate catheter care for one resident (#107) and failed to obtain a physician's order for a urinary catheter for one resident (#376) of three residents reviewed for urinary catheters of thirty-four residents reviewed. The findings included: Resident #107 was admitted to the facility on August 9, 2014, with diagnoses including Benign Prostatic Hypertrophy with Chronic Indwelling	F 315	F-315: 1. Resident #107 was assessed by the Medical Director on 04/16/14 with no negative outcomes. Resident's family was notified on 04/16/14 by Licensed Nurse. Certified Nursing Assistant #1 was in-serviced by the Director of Nursing on catheter care on 04/16/14. Resident #376 was assessed by the Unit Manager on 04/14/14 with no negative outcomes. The Nurse Practitioner was notified on 04/14/14 with a new order noted to discontinue foley catheter. Resident is self-responsible and was notified of new order on 04/14/14. Licensed Nurse and Unit Manager were in-serviced on order and diagnosis requirements for a foley catheter by the Director of Nursing on 05/05/14. 2. A 100% audit of all residents with a foley catheter—to assess for signs and symptoms of infection—was completed by the Director of Nursing and/or Unit Managers on 04/16/14. No residents were identified as having been affected. A 100% audit of all residents with a foley catheter was completed by a Registered Nurse on 05/05/14 to ensure appropriate	05/07/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Doretta Williamson* TITLE *Administrator* (X6) DATE *5-7-14*

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 315	<p>Continued From page 1</p> <p>Catheter Use, Kidney Failure, Debility, and Liver Cirrhosis.</p> <p>Observation on April 16, 2014, at 9:05 a.m., revealed the resident lying on the bed as Certified Nursing Assistant (CNA) #1 provided catheter care. Continued observation revealed CNA #1 cleaned the urinary catheter by wiping towards the urinary meatus. Continued observation revealed CNA #1 repeated wiping the catheter towards the urinary meatus.</p> <p>Review of facility policy, Indwelling Urinary Catheter Care and Removal, Catheter Care, undated revealed, "...To avoid contaminating the urinary tract, always clean by wiping away from--never toward-the urinary meatus..."</p> <p>Interview with the Infection Control Nurse, in the infection control office on April 16, 2014, at 2:15 p.m., confirmed the facility had failed to provide appropriate catheter care.</p> <p>Resident #376 was admitted to the facility on April 10, 2014, with diagnoses including Acute Respiratory Failure, Depression, Seizure Disorder and Encephalopathy.</p> <p>Medical record review of the Physician's orders revealed no order for a urinary catheter and no diagnosis to support an indwelling urinary catheter.</p> <p>Medical record review of a Physician's order dated April 14, 2014, revealed "...Please remove catheter..."</p> <p>Observation of the resident on April 14, 2014, at</p>	F 315	<p>order and diagnosis. No residents were identified as having been affected.</p> <p>3. Certified and Licensed Nursing staff members were in-serviced by the Director of Nursing and/or Staff Development Coordinator on catheter care on 04/16/14-04/25/14.</p> <p>Licensed Nursing staff members were in-serviced on 05/02/14- 05/05/14 by the Director of Nursing and/or Staff Development Coordinator on requirements for order and diagnosis for a foley catheter.</p> <p>4. An audit of 10 catheter care observations will be conducted by the Staff Development Coordinator and /or Unit Managers weekly x4 weeks then monthly x2 months and/or until 100% compliance.</p> <p>An audit of 100% of all admissions will be conducted in the morning meeting by the Director of Nursing and/or Unit Managers for orders and diagnosis for foley catheters weekly x4 then monthly x2 and/or until 100% compliance.</p> <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical</p>	

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F 315	Continued From page 2 10:40 a.m., in the resident's room revealed the resident lying in bed on the right side watching television. Continued observation revealed the resident had a urinary catheter with a bedside drainage bag containing yellow colored urine. Review of facility policy, Foley Catheters, Care of, Infection Control and Insertion Guidelines, revealed "...Urinary catheters should be inserted only when necessary and left in place only for as long as necessary. They should not be used for the convenience of resident care personnel..." Interview with the Unit Manager(#1) on April 16, 2014, at 3:25 p.m., in the conference room confirmed the resident did not have a supporting diagnosis for the catheter, and confirmed the facility had failed to ensure a Physician's order was obtained for the catheter.	F 315			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to properly clean debris dust from the two fans and the ceiling from	F 371	<u>F-371:</u> 1. The dust debris on the #3 walk-in refrigerator fans was removed by the Facilities Management Department on 04/14/14. All opened and unlabeled food products in the #4 walk-in freezer were removed and discarded on 04/14/14 by the Dietary Director. The two expired honey thickened dairy products and one expired nectar thickened dairy product found in the Main Floor Nourishment refrigerator were removed and discarded on 4/15/14 by facility staff. 2. Residents residing in the facility had the potential to be affected. The Dietary Director and Assistant Administrator completed a 100% audit of all walk-in refrigerators, walk-in freezers and	05/07/2014	

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F 371	<p>Continued From page 3</p> <p>one walk-in refrigerator of four refrigerator walk-ins reviewed, failed to properly store food containers in one of two walk-in freezers, and failed to ensure three dairy products were disposed of prior to expirations dated in one of four nourishment rooms.</p> <p>The findings included:</p> <p>Observation with the Dietary Manager, on April 14, 2014, at 8:45 a.m., in the Number 3 walk-in refrigerator revealed dust debris on the two ceiling fans and the ceiling.</p> <p>Review of Direct Supply Instructions for the Reach-In Refrigerators revealed "...remove lint and dirt build-up..."</p> <p>Interview with the Dietary Manager on April 14, 2014, at 8:45 a.m., in the Number 3 walk-in refrigerator confirmed dust debris on the two ceiling fans and the ceiling.</p> <p>Observation with the Dietary Manager on April 14, 2014, at 9:00 a.m., in walk-in freezer Number 4 revealed one open bag of French fries, one open bag of potato tots, two open boxes of chicken rib patties, and one box of rolls. Further observation revealed the bags and boxes were open, exposed to air, and not dated or labeled.</p> <p>Review of facility policy, Receiving, Inventory and Storage, updated January 2014 revealed open containers of food must be "...cover...date...label..."</p> <p>Interview with the Dietary Manager on April 14, 2014, at 9:05 a.m., in the Number 4 Freezer confirmed the five bags and boxes were open to</p>	F 371	<p>nourishment refrigerators on all four resident floors on 4/15/14. The refrigerators and freezers were audited for their contents being labeled, covered, and in date, as well as, for the presence of dust debris buildup. All walk-in refrigerators, walk-in freezers, and nourishment refrigerators were found to be in compliance.</p> <p>3. The Dietary Director in-serviced all Dietary staff from 04/16/2014- 04/18/2014 regarding the facility policy on proper food storage and labeling. The Dietary Director also in-serviced all Dietary staff from 04/18/2014- 04/21/14 regarding the policy for checking the refrigerators and freezers for debris buildup. Employees hired after 04/21/14 will receive the in-service information, which is included in the dietary orientation process.</p> <p>4. The Dietary Cooks will check the walk-in refrigerators and walk-in freezers daily for continued compliance regarding proper food storage, and food dating; as well as, cleanliness of each unit. The Dietary Aide responsible for stocking the nourishment refrigerators on all four nursing floors will check these refrigerators daily for continued compliance regarding food and fluids expiration dates. The Dietary Director and Dietary Assistant Director will audit all walk-in refrigerators, walk-in freezers and nourishment refrigerators weekly for debris buildup and any opened, undated or outdated food items. Audit results will be reported by the Director of Dietary once per month for three months, and/or until 100% compliance is met, at the Quality Assurance Performance</p>	

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F 371	Continued From page 4 air, and not dated or labeled. Observation with Certified Nursing Assistant (CNA #2) of the refrigerator in the nourishment room on the main floor on April 15, 2014, at 9:31 a.m., revealed: One eight fluid ounce of nectar thickened dairy milk with an expiration date of March 19, 2014. Two eight fluid ounces of honey thickened dairy milk with an expiration dates of October 21, 2013 and January 14, 2014. Review of facility policy, Record of Refrigeration Temperatures, updated September 2011 revealed, "...Nursing unit refrigerators and freezers and any other refrigerators /freezers having resident food stored in it must be cleaned, have 'Use By Dates' on food products (not outdated)..." Interview with CNA #2 on April 15, 2014, at 9:31a.m., at the time of the observation confirmed the dairy milks were available for resident use and were beyond the expiration dates. Interview with the Assistant Administrator on April 16, 2014, at 2:15 p.m., outside the kitchen confirmed the facility had failed to remove the dairy products prior to the expiration dates.	F 371	Records, Dietary Director, Activity Director, and Medical Director. Improvement committee meeting consisting of Administrator, Director of Nursing, Medical Director, Therapy Manager, Activity Director, Dietary Director, MDS Coordinators, Assistant Director of Nursing, Team Leaders, Admissions Director, Social Services, Facilities Management Director, Business Office Director, Housckeping Director and Laundry Director.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission	F 441	<u>F-441:</u> 1. Resident #107 was assessed by the Medical Director on 04/16/14 with no negative outcomes. Resident's family was notified on 04/16/14 by Licensed Nurse. Certified Nursing Assistant #I was in-serviced by the Director of Nursing on catheter	05/07/2014	

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F 441	<p>Continued From page 5 of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain hand hygiene after performing urinary catheter care for one resident (#107) of thirty-four residents reviewed.</p>	F 441	<p>care/infection-control to include glove removal and hand washing on 04/16/14.</p> <p>2. A 100% audit of all residents with a foley catheter— to assess for signs and symptoms of infection— was completed by the Director of Nursing and/or Unit Managers on 04/16/14. No residents were identified as having been affected.</p> <p>3. Certified and Licensed Nursing staff members were in-serviced by the Director of Nursing and/or Staff Development Coordinator on catheter care/infection control to include glove removal and hand washing on 04/16/14-04/25/14.</p> <p>4. An audit of 10 catheter care observations will be conducted by the Staff Development Coordinator and /or Unit Managers weekly x4 weeks then monthly x2 months and/or until 100% compliance. Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Director, Activity Director, and Medical Director.</p>	

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F 441	<p>Continued From page 6</p> <p>The findings included:</p> <p>Observation of urinary catheter care on April 16, 2014, at 9:05 a.m., in the resident's room revealed Certified Nursing Assistant (CNA) #1 donned gloves and cleaned the resident's urinary catheter and resident's genital area with wash cloths. Continued observation revealed CNA #1, without removing the soiled gloves, touched the resident's arm, the bed linens, adjusted the head of the bed, placed the bottle of perineal wash solution in the closet, and pushed back the privacy curtain.</p> <p>Interview with CNA #1 in the hall way outside the resident's room, on April 16, 2014, at 9:20 a.m., confirmed the CNA had failed to remove soiled gloves prior to touching other objects in the resident's room.</p> <p>Interview with the Infection Control Nurse on April 16, 2014, at 2:15 p.m., in the infection control office confirmed the facility had failed to maintain infection control practices for proper hand hygiene by not removing the soiled gloves and washing the hands prior to touching the objects in the resident's room after the urinary catheter care was performed.</p>	F 441		
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