

POC #2

2014-07-14 11:57

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

PERIOD: 07/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>Acceptable</i>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/11/2014
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 F 309 SS=D	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 309 SS=D 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

F 309

08-14-14

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.

1. Resident # 3 was discharged from the facility on 03/23/14. Resident was referred to University of Tennessee Out Patient Services on 04/08/14. A referral was made to Adult Protective Services on 04/08/14.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, the facility failed to follow physician orders for a home health evaluation and treatment for one (#3) of five residents reviewed.

2. A 100% audit of all residents that discharged in the past 90 days with home health orders was completed by the Social Services Department 06/11/14 - 06/18/14 to ensure the home health agencies accepted the resident into their care. No residents were identified to be affected.

The findings included:
Resident #3 was admitted March 13, 2014, with diagnoses including Right Tibia/Fibula Fracture, Diabetes Mellitus, Anxiety, Hypertension, Chronic Pulmonary Obstructive Disease, and Morbid Obesity. Resident #3 was discharged to home on March 23, 2014.

3. The Social Services Department was in-serviced by the Director of Nursing and Administrator on discharging residents with home health orders on 06/11/014.

Medical record review of Physician's Discharge Orders, dated March 13, 2014, revealed, "... (named) Home Health PT/OT (Physical Therapy/Occupational Therapy) Eval (Evaluation) c (with) tx (treatment), Strengthening, Ambulation, Mobility, ADL's (Activities of Daily Living), Home Safety, Energy Conservation, Gait Stability...Bath Assistant/CNA (Certified Nursing Assistant) 2-3 times weekly...Skilled Nursing Visits for: New and changed Medications, Medication Compliance, Diabetes, Venipuncture and Wound Care...Home Health Social Worker Eval & (and)

4. A 100% audit of discharged residents will be conducted by the Social Services Department weekly x 4 weeks then monthly x 2 and/or until 100% compliance.

Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 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 Manager, Activity Director, and Medical Director.

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

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's current 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 309	Continued From page 1 lx, safe home environment..." Medical record review of Social Service Departmental Notes, dated March 21, 2014, revealed "...sw (Social Worker) called and verified that home health would start services on Monday, the 24th..." Continued review of the Social Worker notes, dated March 25, 2014, revealed the resident reported to the Social Worker, the resident had not received any home health visit. Continued review revealed "...sw left a message with (name) home health..." Interview with the (name) Home Health Branch Manager on June 11, 2014, at 12:00 p.m., in the conference room, by telephone confirmed "...no record of referral...if someone is turned down, we note it..." Interview with the Social Worker on June 11, 2014, at 12:15p.m., in the conference room confirmed the resident did not receive a home health evaluation and or treatment after discharge from the facility to home. C/O #33683.	F 309		