DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES 45th 6/17/17 70th 7/12/17

PRINTED: 05/17/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445422		05/03/2017

NAME OF PROVIDER OR SUPPLIER: ETOWAH HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 409 GRADY ROAD, PO BOX 957, ETOWAH, TN 37331

(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 During the annual Recertification survey and investigation of complaints #40264, #40300, #40459, #40460, #40461, #40791, and #41182, completed on 5/1/17 - 5/3/17 at Etowah Health Care Center, no deficiencies were cited in relation to complaints #40264, #40300, #40460, #40461, #40791 and #41182 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	F 280 **DISCLAIMER: "Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of these facts alleged or conclusions set forth of the state of deficiencies. This plan is prepared and/or executed solely because it is required."**	
F 280 SS=D	483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and	F 280	**1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** The care plan of resident # 66 was updated on 5/4/17 by a Registered Nurse. Resident #66 will be transferred using a mechanical lift by nursing staff as per resident plan of care. **2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** A care plan audit will be completed by a Registered Nurse by 6/1/17.During the audit a Registered Nurse will determine that the resident's care	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 5-26-17

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 280	Continued From page 1 shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F 280	plans have appropriate interventions addressing the resident's transfer status including need for transfer aids and equipment. Any discrepancies noted during the audit will have corrective action taken by a license nurse to update the care plan. For those residents identified during the care plan audit requiring transfer by a mechanical lift a license nurse will update their care plan. A license nurse will conduct an audit of current residents in conjunction with nursing staff and therapy to determine the best method of transfer for a resident. The audits will evaluate and compare the resident's current transfer ability and care plan in order to provide continuity in following the plan of care.	

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F 280	Continued From page 2 not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to update the care plan after a change in the method of transfer for 1 resident (#66) of 28 residents reviewed. The findings included: Medical record review of the facility policy "Guidelines for Resident Transfers" dated 11/16/12 revealed "...Once the resident is assessed for transfers, the appropriate transfer technique will be selected for the resident. Information regarding appropriate transfer technique for the resident will be documented on the resident care plan..." Medical record review revealed Resident #66 was admitted to the facility on 4/1/12 with diagnoses of Senile Dementia, Chronic Obstructive Airway Disease, Dysphasia, Late Effect Cerebral Vasoular Accident with Cognitive Defects, and Anemia. Medical record review of the resident's current plan of care with an effective date of 1/17/16	F 280	**3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:** The nursing staff will receive in-service education on June 2, 2017 by the Director of Nursing on the importance of updating the care plan with any changes and following the care plan for aspects of care, including transfers with a mechanical lift. A pretest and posttest will be completed during the in-service to evaluate competency of nursing staff. A score of 80% is required on post-test and for any nursing staff failing to meet the 80th percentile, an individualized in-service reeducation will be provided for them by a license nurse. New employees will receive education by a Registered Nurse during the initial orientation period on care plans updates and following the care plan.	

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F 280	Continued From page 3 revealed "...Extensive assist with transfers. Assist PRN [as needed]..." Further review revealed the plan of care did not indicate the transfer technique to be used to assist in transferring the resident. Review of the facility document "Residents Who Require a Mechanical Lift" dated 9/7/16, revealed the document was a list of residents who were to be transferred with use of a mechanical lift and the size sling to be used for each resident. The document indicated Resident #66 required a mechanical lift with a medium sling for transfers. Interview with the Director of Nursing (DON) on 5/3/17 at 9:00 AM, in the DON's office, confirmed the resident's current care plan had not been updated to include the need to utilize a mechanical lift for safe transfers for Resident #66.	F 280	Upon admission to the facility, the Immediate Needs care plan will be completed by a licensed nurse within 48 hours and reflect the transfer status of the resident, including the need for use of a mechanical lift. During the resident's stay, any changes in the resident's transfer ability will be updated on the care plan by the MDS Coordinator and/or another licensed nurse. The resident's transfer ability will be reviewed and updated as necessary. The MDS Coordinator and/or license nurse will update the plan of care as needed to reflect any change in condition or new orders/ interventions put into place to address the change in transfer ability.	6-17-17
F 323 SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.	F 323	The Clinical Care Coordinator (CCC) and/or Registered Nurse Clinical Nurse Supervisor will do random weekly audits for a minimum of four weeks to compare the resident's transfer ability to the care plan. During the audit, the CCC and/or Registered Nurse Clinical Nurse Supervisor will review the care plan and observe actual resident transfers for compliance with following the plan of care.	

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F 323	Continued From page 4 (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, review of facility interview documentation, observation, and interview, the facility failed to use safe transfer techniques for 1 resident (#66) of 28 residents reviewed. The findings included: Review of the facility policy "Guidelines for Resident Transfers" dated 11/16/12, revealed, "The purpose of these guidelines is to provide...a guide in selecting the appropriate means for transferring a resident in order to maintain residents current functional transfer skill and proper techniques to perform task...Once the resident is assessed for transfers, the appropriate transfer technique will be selected for the resident...Failure to follow these guidelines and using appropriate transfer technique for residents will result in [discipline]..." Medical record review revealed Resident #66 was admitted to the facility on 4/11/15 with diagnoses of Vascular Dementia with Behavioral Disturbance, Hypertension, Bipolar Disorder, Unspecified Injury of Head, Osteoarthritis, Mood Affective Disorder, and Schizophrenia.	F 323	These audits will continue weekly for a minimum four weeks or until the Quality Assurance and Performance Improvement (QAPI) committee deems that the facility is sustaining and achieving substantial compliance. Any discrepancies found during the audit will have corrective action taken at the time of discovery by a license nurse. **4. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur:** The Director of Nursing will review the care plan audits and report the results of the audits to the QAPI committee. The QAPI committee, at a minimum, will consist of the Administrator, Director of Nursing, Medical Director and at least 3 other staff members and will meet at a minimum of quarterly. Any trends and/ or patterns identified will have corrective action taken by a license nurse. The QAPI committee will determine the duration of the audits and can discontinue the audits once the facility has determined to be in substantial compliance.	

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F 323	Continued From page 5 Medical record review of the resident's current ongoing plan of care with an effective date of 1/17/16 revealed "...Interventions...Extensive assist with transfers. Assist PRN [as needed]..." Further review revealed the plan of care did not indicate the transfer technique to be used to assist in transferring the resident. Review of the facility document "Residents Who Require a Mechanical Lift" dated 9/7/16, revealed the document was a list of residents who were to be transferred with use of a mechanical lift and the size sling to be used for each resident. The document indicated Resident #66 required a mechanical lift with a medium sling for transfers. Medical record review of the resident's Quarterly Minimum Data Set assessment dated 9/18/16 revealed the resident's Brief Interview for Mental Status was 4, indicating the resident was severely cognitively impaired; the resident required extensive assistance of more than two persons for transfers; required extensive assistance for locomotion; and the resident used a wheelchair for mobility. Review of facility interview documentation dated 12/14/16 at 2:40 PM, revealed Certified Nursing Assistant (CNA) #6 stated CNA #1 and CNA #4 had transferred the resident to the wheelchair using a gait belt. Observation and interview with Resident #66 on 5/1/17 at 12:50 PM, in the resident's room, revealed the resident was sitting up in her wheelchair, was not able to answer simple yes and no questions, and had no apparent bruising or injuries.	F 323	F 323 **DISCLAIMER: "Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of these facts alleged or conclusions set forth of the state of deficiencies. This plan is prepared and/or executed solely because it is required."** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** The facility is currently and will continue to use a mechanical lift for Resident # 66 for transfers as per the care plan. **2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** A clinical review audit of current residents will be completed by a licensed nurse by June 1, 2017. The licensed nurse will update the plan of care with the resident's transfer ability, including those residents who require the use of a mechanical lift. The nursing staff will be observed by license nurse as part of the audit and	

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F 323	Continued From page 6 Interview with CNA #2 on 5/2/17 at 2:15 PM, on the C hall, revealed the CNA had transferred the resident to bed on the nights of 12/10/16 and 12/11/16 with CNA #3. Continued interview revealed CNA #2 transferred the resident to the bed from her wheelchair with CNA #3 with a two person transfer. Further interview with CNA #2 confirmed the CNAs had not used a mechanical lift when transferring the resident on 12/10/16 and 12/11/16. Interview with CNA #4 on 5/3/17 at 8:10 AM, on the A hall, revealed CNA #4 worked with Resident #66 on 12/11/16 and transferred the resident with CNA #5 using a gait belt, and not a mechanical lift. Interview with the Director of Nursing (DON) on 5/3/17 at 9:00 AM, in the DON's office, confirmed the resident assessments indicated the resident needed to be transferred utilizing a mechanical lift since 9/7/16. The DON confirmed staff had not been utilizing the appropriate safe transfer techniques for the resident when completing transfers with a gait belt instead of a mechanical lift.	F 323	any discrepancies discovered during the audit will have corrective action taken by license nurse at the time of discovery. MDSMAX will be used as part of the system used to alert nursing staff of changes in a resident's transfer ability in correlation with the care pan. **3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:** The nursing staff will receive in-service education on June 2, 2017 by the Director of Nursing on the importance of using appropriate safe transfer techniques and the use of mechanical lifts and following the residents' care plan. A pretest and posttest will be completed during the in-service to evaluate competency. A score of 80% is required on post-test and for any nursing staff failing to meet the 80th percentile, an individualized in-service reeducation will be provided for them by a license nurse.	

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Division of Health Care Facilities

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N 000	Initial Comments During the annual Licensure survey and Investigation of complaints #40264, #40300, #40459, #40460, #40461, #40791, and #41182 completed on 5/3/17, at Etowah Health Care Center, no health deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	New employees will receive education by a License Nurse during their initial orientation period to the facility on utilizing appropriate and safe transfer techniques, including transfers with a mechanical lift. A clinical review audit of current residents will be completed by a licensed nurse by June 1, 2017. The License Nurse will complete the audit and then observe nursing staff members for properly following resident's care plan. The licensed nurse will update the plan of care with the resident's transfer ability, including those residents who require the use of a mechanical lift. Any discrepancies discovered during the audit will have corrective action taken by a License Nurse at the time of discovery. Upon admission to the facility, the Immediate Needs care plan will be completed by a licensed nurse within 48 hours and reflect the transfer status of the resident, including the need for use of a mechanical lift. During the resident's stay, any changes in the resident's transfer ability will be updated on the care plan by the MDS Coordinator and/or another licensed nurse. The resident's	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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F 323	Continued From page 6 Interview with CNA #2 on 5/2/17 at 2:15 PM, on the C hall, revealed the CNA had transferred the resident to bed on the nights of 12/10/16 and 12/11/16 with CNA #3. Continued interview revealed CNA #2 transferred the resident to the bed from her wheelchair with CNA #3 with a two person transfer. Further interview with CNA #2 confirmed the CNAs had not used a mechanical lift when transferring the resident on 12/10/16 and 12/11/16. Interview with CNA #4 on 5/3/17 at 8:10 AM, on the A hall, revealed CNA #4 worked with Resident #66 on 12/11/16 and transferred the resident with CNA #5 using a gait belt, and not a mechanical lift. Interview with the Director of Nursing (DON) on 5/3/17 at 9:00 AM, in the DON's office, confirmed the resident assessments indicated the resident needed to be transferred utilizing a mechanical lift since 9/7/16. The DON confirmed staff had not been utilizing the appropriate safe transfer techniques for the resident when completing transfers with a gait belt instead of a mechanical lift.	F 323	care plan related to transfers will be reviewed with the admission care plan, each quarterly or significant change assessment completed by the MDS Coordinator. If a change in the resident's transfer ability occurs between MDS assessments, a licensed nurse will notify the MDS coordinator as well as the therapy department. The MDS Coordinator or Therapy will update the plan of care as needed to reflect any change in condition or new interventions put into place to address the change in transfer ability. The Clinical Care Coordinator (CCC) and/or Registered Nurse Clinical Nurse Supervisor will do random weekly audits for a minimum of four weeks to compare the resident's transfer ability to the care plan. During the audit, the CCC and/or Registered Nurse Clinical Nurse Supervisor will review the care plan and observe actual resident transfers for compliance with following the plan of care. These audits will continue weekly for a minimum of four weeks or until the Quality Assurance and Performance Improvement (QAPI) committee deems that the facility is achieving and maintaining substantial compliance. Any discrepancies found	

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F 323	Continued From page 6 Interview with CNA #2 on 5/2/17 at 2:15 PM, on the C hall, revealed the CNA had transferred the resident to bed on the nights of 12/10/16 and 12/11/16 with CNA #3. Continued interview revealed CNA #2 transferred the resident to the bed from her wheelchair with CNA #3 with a two person transfer. Further interview with CNA #2 confirmed the CNAs had not used a mechanical lift when transferring the resident on 12/10/16 and 12/11/16. Interview with CNA #4 on 5/3/17 at 8:10 AM, on the A hall, revealed CNA #4 worked with Resident #66 on 12/11/16 and transferred the resident with CNA #5 using a gait belt, and not a mechanical lift. Interview with the Director of Nursing (DON) on 5/3/17 at 9:00 AM, in the DON's office, confirmed the resident assessments indicated the resident needed to be transferred utilizing a mechanical lift since 9/7/16. The DON confirmed staff had not been utilizing the appropriate safe transfer techniques for the resident when completing transfers with a gait belt instead of a mechanical lift.	F 323	during the audit will have corrective action taken at the time of discovery by a license nurse. **4. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur:** The Director of Nursing will review the safe handling/transfer audits and report the results of the audits to the QAPI committee. The QAPI committee, at a minimum, will consist of the Administrator, Director of Nursing, Medical Director and at least 3 other staff members and will meet at a minimum of quarterly. Any trends or patterns identified will have corrective action taken. The QAPI committee will determine the duration of the audits and can discontinue the audits once the facility had been determined to be achieving and maintaining substantial compliance. **DISCLAIMER: "Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of these facts alleged or conclusions set forth of the state of deficiencies. This plan is prepared and/or executed solely because it is required."**	6-17-17