

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

RECEIVED  
PRINTED: 08/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/10/2012
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NAME OF PROVIDER OR SUPPLIER  ASHTON PLACE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111
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F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to have an assessment or a physician's order for self-administration of medications for 1 of 37 (Resident #54) sampled residents included in the Stage 2 review.</p> <p>The findings included:</p> <p>Review of the facility's "Self-Administration of Drugs" policy documented, "...Residents in our facility who wish to self-administer their medications may do so, if it is determined that they are capable of doing so... Assessment for Self-Administration of Drugs... As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities, to determine whether a resident is capable of self-administering medications... The staff and practitioner will document their findings and the choices of residents who are potentially capable of self-administering medications... Nursing staff will review the bedside medication record on each nursing shift, and they will transfer pertinent information to the medication administration record (MAR) kept at the nursing station, appropriately noting that the doses were self-administered... Quarterly Review of</p> <p><i>acceptable POL 8/24/12 HP</i></p>	F 176	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, Ashton Place Rehab and Care Center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <ol style="list-style-type: none"> <li>1. The order for cream to be at bedside from the Nurse Practitioner has been discontinued on 8/21/12. All over the counter or prescribed medications were removed from bedside of this resident and resident and family were educated on 8/21/12 and 8/23/12 respectively by the Unit Manager as to policy of medication administration with regards to the most appropriate administration of medications for this particular resident.</li> <li>2. All resident rooms were evaluated by the Unit Managers on 8/22/12 to ensure no other medications are at bedside.</li> <li>3. The Director of Nursing or Assistant Director of Nursing or Unit Manager will in-service all licensed nursing staff by 9/9/12 regarding the safe storage of medication. The Director of Nursing or Assistant</li> </ol>	9/9/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Jodi A. Reutter, LNHA* TITLE: *CEO/Administrator* (X6) DATE: *8-23-12*

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 176	<p>Continued From page 1</p> <p>Self-Administration Ability... The staff and practitioner will periodically... reevaluate a resident's ability to continue to self-administer medications..."</p> <p>Medical record review for Resident #54 documented an admission date of 10/1/08 and a readmission date of 9/1/09 with diagnoses of Mood Disorder, Morbid Obesity, Diabetes Mellitus Type II, Peripheral Neuropathy, Hypertension, Osteoarthritis, Depressive Psychosis, Post Menopausal Syndrome, Hemorrhoid, Sinusitis, Delusions, Hyperlipidemia, Chronic Dermatitis, Umbilical Hernia, Gastroesophageal Reflux Disease, Osteoporosis, Hypothyroidism and Folliculitis. Review of a physician's order dated 8/2/12 documented, "...PREMARIN VAGINAL CREAM... INSERT 1 GM [gram] VAGINALLY DAILY... MUPROCIN 2% [percent] OINTMENT... APPLY TO AFFECTED AREA THREE TIMES DAILY... ALL OINTMENTS AND CREAMS MAY BE KEPT AT BEDSIDE... TRIAMCINOLONE 0.15 CREAM APPLY TWICE DAILY AS NEEDED ... FLUTICASONE... 50MCG [micrograms]... INSTILL 2 SPRAYS INTO NOSTRIL ONCE DAILY AS NEEDED..." Review of a telephone order dated 8/2/12 documented, "...D/C [discontinue] Hydrocortisone cream May keep triamcinolone cream at bedside..." The facility was unable to provide a physician's order or an assessment that Resident #54 could self-administer medications.</p> <p>Observations in Resident #54's room on 8/8/12 at 3:23 PM, revealed a bottle of Fluticasone 50mcg per spray, Triamcinolone cream 0.1% and a bottle of liquid tears on the overbed table. Resident #54 also had a plastic bag containing a</p>	F 176	<p>Director of Nursing or Unit Manager will also in-service all other staff members by 9/9/12 with regards to if they observe medications of any kind in a residents room they are to alert the nurse assigned to that resident immediately of such.</p> <p>4. The Director of Nursing, Assistant Director of Nursing or Unit Manager is to observe the room of resident #54 three times a week for four weeks, and then monthly for two months and PRN to ensure there are no further OTC items or medications at bedside. Director of Nursing, Assistant Director of Nursing, or Unit Manager is to check all other resident rooms on their assigned floors on a weekly basis for four weeks and then monthly for two months and then PRN. Results of such will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>		

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F 176	<p>Continued From page 2</p> <p>tube of hydrocortisone cream 2.5%, triple antibiotic ointment, mupirocin ointment 2%, and Premarin vaginal cream 0.625 milligram (mg) per (l) gram (gm).</p> <p>Observations in Resident #54's room on 8/9/12 at 8:35 AM, revealed a plastic bag containing a bottle of liquid tears eye drops and a bottle of nasal spray on the overbed table.</p> <p>During an interview in Resident #54's room on 8/8/12 at 3:23 PM, Resident #54 was asked if she administered the medications herself. Resident #54 stated, "Yes I do. I use them all by myself. That's why they are in here... that's my nose spray and eye drops. I put them in myself because sometimes my eyes keep blinking, and I need the drops. I use the nose spray every day and sometimes at night..."</p> <p>During an interview in the conference room on 8/8/12 at 4:20 PM, the Director of Nursing (DON) was asked if there were any residents who self-administered medications. The DON stated, "No ma'am."</p> <p>During an interview at the C wing nurses' station on 8/9/12 at 9:24 AM, Nurse #10 was asked if Resident #54 self-administered any medications. Nurse #10 stated, "No, she does not."</p>	F 176		
F 279 SS=E	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care</p>	F 279	<p>1. Therapy Services will evaluate resident #217 for decreased range of motion and determine what, if any, interventions will be recommended for this resident. All residents listed in this alleged deficient practice (resident #12, #162, #198, #217, and #240) will have their care plans</p>	9/9/12

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F 279	<p>Continued From page 3</p> <p>plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure a comprehensive care plan was developed to address renal failure, cirrhosis, discharge planning, nutrition, hand roll, infection, sleep apnea, fall risk and/or range of motion for 5 of 37 (Residents #12, 162, 198, 217 and 240) residents sampled included in the Stage 2 review.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's "Care Plans - Comprehensive" policy documented, "...Our facility's Care Planning / Interdisciplinary Team... develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain... Each resident's comprehensive care</li> </ol>	F 279	<p>updated by 9/9/12 to reflect the information listed in this alleged deficient practice.</p> <ol style="list-style-type: none"> <li>2. All residents in facility to be audited with regards to Care Plan accuracy by the MDS Director or MDS Coordinator by 9/9/12.</li> <li>3. The MDS Director or MDS Coordinator will in-service the IDT team by 9/9/12 regarding Care Plan Interventions and Updates. All clinical staff to be educated by MDS Director of MDS Coordinator by 9/9/12 on contractures or decreased range of motion to ensure residents are appropriately referred to be screened and interventions are put in place to meet residents needs. Licensed nursing staff to be in-serviced by MDS Director of MDS Coordinator by 9/9/12 on interim plans of care and further interventions upon admission and upon implementation of such interventions.</li> <li>4. MDS Director or MDS Coordinator to audit 5 charts per week for four weeks and then monthly for two months to ensure accuracy of care plan interventions. Results of such will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.</li> </ol>	

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F 279	<p>Continued From page 4</p> <p>plan is designed to... Incorporate identified problem areas... Incorporate risk factors associated with identified problems... "</p> <p>2. Medical record review for Resident #12 documented an admission date of 6/20/12 with diagnoses of Orthostatic Hypotension, Chronic Obstructive Pulmonary Disease, Weakness, Chronic Kidney Disease, Encephalopathy, Bladder and Prostate Cancer. The resident's weights were documented on 6/21/12 - 126.50 pounds, 7/3/12 - 127.10 pounds, 7/25/12 - 127.7 pounds and 8/6/12 - 130.0 pounds. The care plan dated 6/20/12 did not address the resident's nutritional risk and low body metabolism index (BMI). The Registered Dietician assessed Resident #12 on 6/21/12 and clarified the diet as a regular diet and noted the resident's low BMI was 16.3.</p> <p>3. Medical record review for Resident #162 documented an admission date of 5/4/12 and readmitted 5/21/12 with diagnoses of Acute Kidney Failure, Weakness, Cirrhosis, Fluid Overload, Malnutrition, Anemia, Congestive Heart Failure, Urinary Tract Infection, Chronic Obstructive Pulmonary Disease and Diabetes. The care plan dated 5/25/12 did not address the diagnoses of Acute Kidney Failure and Cirrhosis.</p> <p>4. Medical record review for Resident #198 documented an admission date of 2/22/12 with diagnoses of Severe Sepsis, Muscle Weakness, Clostridium Difficile Infection, Acute Kidney Infection, Atrial Fibrillation, Thrombocytopenia, Obstructive Sleep Apnea, Syncope, Diabetes, Hypertension, Osteoarthritis, Gout, Obesity, Congestive Heart Failure, Hyperlipidemia,</p>	F 279			

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F 279	<p>Continued From page 5</p> <p>Decubitus Ulcer to Sacrum and Deconditioning. The interim care plan did not address the diagnoses of Severe Sepsis, Infection of Clostridium Difficile, Obstructive Sleep Apnea or Risk of Falls.</p> <p>During an interview in the Minimum Data Set (MDS) office on 8/9/12 at 6:40 PM, the MDS Coordinator was asked what problems or care areas should be included on the interim care plan. The MDS Coordinator stated, "I don't see it on here. The nurses should have definitely added interventions for the infection, the Obstructive Sleep Apnea, and for falls because of the diagnosis of syncope."</p> <p>5. Medical record review for Resident #217 documented an admission date of 10/12/11 with diagnoses of Intracranial Hemorrhage, Anemia, Weakness, Old Cerebrovascular Accident, Osteoarthritis, Hypertension, Malnutrition and Dysphagia. Review of a physician's order dated 8/7/12 documented a hand roll to the right hand. The care plan dated 10/21/11 and updated 7/13/12 did not address the right hand contracture.</p> <p>Observations in Resident #217's room on 8/6/12 at 4:00 PM, revealed Resident #217's right hand contracted with no hand roll or splint present.</p> <p>During an interview at the E wing nurses' station on 8/7/12 at 3:55 PM, Nurse #6 was asked if Resident #217 had a contracture. Nurse #6 stated, "Yes, right hand contracture..."</p> <p>During an interview in the conference room on 8/9/12 at 6:00 PM, the Director of Nursing stated,</p>	F 279		
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F 279	Continued From page 6 "...would expect contracture care to be care planned..."  6. Medical record review for Resident #240 documented an admission date of 4/3/12 with diagnoses of Parkinson's, Diabetes, Dementia, Hypertension, and Prostate Cancer. Resident #240 was discharged home with home health on 7/11/12. The care plan dated 4/18/12 did not address discharge planning needs. Review of a Social Worker's note dated 4/10/12 documented, "...resident will go home if improved per RP [responsible party]." Review of a Social Worker note dated 7/5/12 documented, "...plans to d/c [discharge] home with home health..."  During an interview in the conference room on 8/9/12 at 10:10 AM, the Assistant Director of Nursing (ADON) was asked if discharge planning should be care planned. The ADON stated, "Yes, discharge planning starts on admission..."	F 279		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of	F 280	1. Resident #52, #158, and #170 have been invited to attend a care plan meeting to be held on 8/30/12 to discuss their plan of care at facility. Resident #158 has been referred to therapy for further screening. 2. All residents have the potential to be affected by this alleged deficient practice. 3. Social Service Director or Social Service Coordinator to utilize a revised format letter of invitation to residents and responsible party regarding a care plan meeting with a 7-day notification period. This form has been implemented with an effective date of 8/22/12. Social Service Director or Social Service	9/9/12

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F 280	<p>Continued From page 7</p> <p>the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to revise a care plan to evaluate the effectiveness of range of motion (ROM) exercises and/or failed to involve residents in care plan meetings for 3 of 37 (Residents #52, 158 and 170) sampled residents included in the Stage 2 review.</p> <p>The findings included:</p> <p>1. Review of the facility's "Care Plans - Comprehensive" policy documented, "...An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident... Our facility's Care Planning / Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain... Reflect the resident's expressed wishes regarding care and treatment goals... Revisions... Assessments of residents are ongoing and care plans are revised as information about the resident and the</p>	F 280	<p>Coordinator is to maintain a log showing notices sent to resident/responsible party by 9/9/12, as well as acceptance/declination of attending such meeting.</p> <p>4. Social Service Director or Social Service Coordinator to review this log to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>	

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F 280	<p>Continued From page 8 resident's condition change..."</p> <p>Review of the facility's "Resident / Family Participation - Assessment / Care Plans" policy documented, "...Each resident and his/her family members are encouraged to participate in the development of the resident's comprehensive assessment and care plan... The resident and his/her family, and/or legal representative (sponsor), are invited to attend and participate in the resident's assessment and care planning conference... A seven (7) day advance notice of the care planning conference is provided to the resident and interested family members. Such notice is made by mail and/or telephone... The Social Services Director or designee is responsible for contacting the resident's family and for maintaining records of such notices..."</p> <p>2. Medical record review for Resident #52 documented an admission date of 7/23/09 with diagnoses of Renal Failure, Muscle Weakness, History of Cerebrovascular Accident, Anemia, Hyperlipidemia, Cholangitis, Cardiomegaly, Vascular Dementia with Depression, Osteoarthritis, Vitamin D Deficiency, Osteoporosis and Hypertension.</p> <p>During an interview in Resident #52's room on 8/7/12 at 1:54 PM, Resident #52 stated she was not involved in decisions about her daily care.</p> <p>During an interview in the Social Worker's office on 8/10/12 at 10:30 AM, Social Worker (SW) #1 was asked about how the facility invited residents or their family to care plan meetings. SW #1 stated, "...invitation letters are send out to the responsible party several weeks before the care</p>	F 280			

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F 280	<p>Continued From page 9</p> <p>plan meeting..." SW #1 was asked about Resident #52 not being involved in care plan meetings. SW #1 stated, "...[Resident #52] is confused at times, and she may forget about it. We have been talking about we may need to do a reminder since it is 2 to 3 weeks before the meeting... she has not attended a meeting since I've been here. I started to work here about a year ago..."</p> <p>3. Medical record review of Resident #158 documented an admission date of 7/25/11 with diagnoses of Late Effects of Cerebrovascular Accident (CVA), Quadriplegia, Joint Contractures, Dysphagia, Chronic Kidney Disease and Percutaneous Endoscopy Gastrostomy Tube. Review of the history and physical dated 7/19/12 documented, "...Past Medical History... Severe Contractures..." Review of a care plan dated 8/3/12 documented, "...Problem... Self-care deficit related CVA with spastic quadraplegia, DJD [Degenerative Joint Disease], contractures, and dysphagia... Approaches... Provide ROM with each interaction of care daily as tolerated... Provide splints, braces, hand roll(s), assistive and positioning devices as ordered..." The facility was unable to provide documentation of evaluation of the effectiveness of the ROM.</p> <p>Observations in Resident #158's room on 8/6/12 at 4:20 PM, revealed Resident #158 reclined back in a gerichair. The toes of Resident #158's left foot were rotated inward.</p> <p>During an interview at the B wing nurses' station on 8/8/12 at 2:30 PM, Nurse #1 was asked if Resident #158 received ROM and who provided it. Nurse #1 stated, "Yes, he does... the Certified</p>	F 280			

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F 280	<p>Continued From page 10 Nursing Assistants [CNAs]..."</p> <p>During an interview at the B Wing nurses' station on 8/8/12 at 2:50 PM, CNA #1 was asked if she performed ROM on Resident #158 and if so, how often. CNA #1 stated, "Oh, sometimes I do, I will move his arms a little bit and I will raise his right arm to put on his shirt and I will move his right leg sometimes... every 2 or 3 days..." CNA #1 was asked if she documented the ROM for Resident #158 anywhere. CNA #1 stated, "No."</p> <p>During an interview in the conference room on 8/8/12 at 3:40 PM, the Director of Nursing (DON) was asked if Resident #158 received ROM, who would document it and where. The DON stated, "...my floor CNAs can... in the ADL [activity of daily living] matrix (computer)... but it is not broken down into PROM [passive range of motion] or AROM [active range of motion], it is only broken down into bed mobility... ROM is not documented in the matrix..."</p> <p>4. Medical record review for Resident #170 documented an admission date of 3/29/12 with diagnoses of End Stage Renal Disease, Sepsis, Diabetes, Muscle Weakness, Lack of Coordination, Cellulitis of Leg and Late Effects of Hemiplegia.</p> <p>During an interview in Resident #170's room on 8/7/12 at 9:00 AM, Resident #170 was asked if he had been involved in his daily care. Resident #170 stated, "No." Resident #170 was asked if he or his brother (responsible party) had been to any of his care plan meetings. Resident #170 stated, "No... they told me the day of, and I did not know it [care plan meeting]. I called him [my brother],</p>	F 280			

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F 280	Continued From page 11 and he did not know it [care plan meeting] either..."	F 280		
F 282 SS=D	<p>During an interview in the Social Service's office on 8/9/12 at 10:30 AM, SW #2 was asked how Resident #170 or his family is notified of the care planning meeting. SW #2 stated, "The letter goes to his brother [responsible party]... I check a box when the letter is sent out on the calendar and when the month is over, the calendar is thrown away..." SW #2 was asked if she kept any documentation that the resident or the responsible party has been notified of the care planning meeting. SW #2 stated, "No."</p> <p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to follow care plan interventions for a gerichair, range of motion and/or restorative nursing for 3 of 37 (Residents #105, 158 and 242) sampled residents included in the Stage 2 review.</p> <p>The findings included:</p> <p>1. Review of the facility's "Care Plans - Comprehensive" policy documented, "...Policy Statement... An individualized comprehensive care plan that includes measurable objectives</p>	F 282	<ol style="list-style-type: none"> <li>1. Resident #105 had an order obtained on 8/21/12 for bed rest due to bilateral leg fractures. This resident has a follow-up appointment scheduled on 8/31/12 with their orthopedic physician for further recommendations. Resident #158 and resident #242 were referred to Therapy Service for screening on 8/21/12 and 8/7/12 respectively.</li> <li>2. All residents in the facility to be assessed by Therapy Director or Licensed Therapy Staff for decreased range of motion and potential for contractures by 9/9/12.</li> <li>3. The Therapy Director or Director of Nursing is to educate all clinical staff by 9/9/12 on contractures and decreased range of motion to ensure residents are appropriately referred for screening and interventions in place as deemed appropriate.</li> <li>4. Unit Manager to check residents on their assigned floors weekly for four</li> </ol>	9/9/12

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F 282	<p>Continued From page 12</p> <p>and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident... Purpose of Care Plan... Each resident's comprehensive care plan is designed to... Aid in preventing or reducing declines in the resident's functional status and/or functional levels... Enhance the optimal functioning of the resident by focusing on a rehabilitative program... Interdisciplinary Process... Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident are interdisciplinary processes that require careful data gathering, proper sequencing of events and complex clinical decision making..."</p> <p>Review of the facility's "Range of Motion [ROM] Exercises" policy documented, "...Preparation... Review the resident's care plan to assess for any special needs of the resident... Documentation... The following information should be recorded in the resident's medical record... The date and time that the exercises were performed... The name and title of the individual(s) who performed the procedure... The type of ROM exercise given... Whether the exercise was active or passive... How long the exercise was conducted... If and how long the resident participated in the procedure or any changes in the resident's ability to participate in the procedure... Any problems or complaints made by the resident related to the procedure... If the resident refused the treatment, the reason(s) why and the intervention taken... The signature and title of the person recording the data..."</p> <p>Review of the facility's "Rehabilitative Nursing Care" policy documented, "...Rehabilitative</p>	F 282	<p>weeks, then monthly for two months and PRN thereafter for decreased range of motion or potential for contractures. Each Unit Manager will sign off on a weekly basis for four weeks, then monthly for two months and PRN thereafter to the Director of Nursing that their residents have been checked. Results of such will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>	
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F 282	<p>Continued From page 13</p> <p>nursing care is provided for each resident admitted... Our facility has an active program of rehabilitative nursing which is developed and coordinated through the resident's care plan..."</p> <p>2. Medical record review for Resident #105 documented an admission date of 7/13/07 with diagnoses of Severe Osteoporosis, Fracture of Left Tibia, Fracture of Right Tibia, Degenerative Joint Disease, Hypothyroidism, Diabetes Mellitus, Anemia, Hypertension, Chronic Debility, Vascular Dementia and Osteoarthritis. Review of the care plan dated 7/12/12 documented, "...Self care deficit; requires total assistance with ADL's [activities of daily living] r/t [related to] being bedbound... Approaches... Gerichair as an enabler to increase mobility and promote socialization..."</p> <p>During an interview at the C wing nurses' station on 8/9/12 at 8:52 AM, Nurse #9 stated, "...[name of Resident #105] stays in bed because the doctor doesn't want her up until the fractures are healed." There was no order for Resident #105 to be on bedrest.</p> <p>During an interview at the C wing nurses' station on 8/9/12 at 3:36 PM, Nurse #10 stated, "...She [Resident #105] has no order for bedrest. They [Certified Nursing Assistants (CNA)] should be getting her up in a chair..."</p> <p>3. Medical record review of Resident #158 documented an admission date of 7/25/11 with diagnoses of Chronic Kidney Disease, Late Effects of Cerebrovascular Accident (CVA), Quadriplegia, Joint Contractures, Dysphagia and Percutaneous Endoscopic Gastrostomy Tube.</p>	F 282		
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F 282	<p>Continued From page 14</p> <p>Review of the History and Physical dated 7/19/12 documented, "...Past Medical History... Severe Contractures..." Review of a care plan dated 8/3/12 documented, "...Problem... Self-care deficit related CVA with spastic quadraplegia, DJD [Degenerative Joint Disease], contractures, and dysphagia... Approaches... Provide ROM with each interaction of care daily as tolerated... Provide splints, braces, hand roll(s), assistive and positioning devices as ordered..."</p> <p>Observations in Resident #158's room on 8/6/12 at 4:20 PM, revealed Resident #158 reclined back in a gerichair. The toes of Resident #158's left foot were rotated inward.</p> <p>During an interview at the B wing nurses' station on 8/8/12 at 2:30 PM, Nurse #1 was asked if Resident #158 received ROM and who provided it. Nurse #1 stated, "Yes he does... the Certified Nursing Assistants..."</p> <p>During an interview at the B wing nurses' station on 8/8/12 at 2:50 PM, CNA #1 was asked if she performed ROM on Resident #158 and if so, how often. CNA #1 stated, "Oh, sometimes I do, I will move his arms a little bit and I will raise his right arm to put on his shirt and I will move his right leg sometimes... every 2 or 3 days..." CNA #1 was asked if she documented the ROM for Resident #158 anywhere. CNA #1 stated, "No."</p> <p>During an interview in the conference room on 8/8/12 at 3:40 PM, the Director of Nursing (DON) was asked if Resident #158 received ROM, who would document it and where. The DON stated, "...my floor CNAS can... in the ADL [activity of daily living] matrix (computer)... but it is not</p>	F 282			

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F 282	<p>Continued From page 15</p> <p>broken down into PROM [passive range of motion] or AROM [active range of motion], it is only broken down into bed mobility... ROM is not documented in the matrix..."</p> <p>4. Medical record review for Resident #242 documented an admission date of 4/12/12 with diagnoses of Encephalopathy, Leukocytosis, Dehydration, Dementia, and Osteoporosis. Review of the care plan dated 7/31/12 documented, "...Problem / Need... Self care deficit: requires total care assistance with ADL's... Provide restorative nursing as indicated..."</p> <p>Review of the Physical Therapy (PT) evaluation dated 4/13/12 documented, "...Precautions / Contraindications... [symbol for increased] risk of contractures BLE [bilateral lower extremities]... Short term goals... RNP [restorative nursing program] will be established..."</p> <p>Review of the "Therapy Daily/Weekly Progress Report" dated 4/26/12 documented, "...Precautions / Contraindications... contractures BLE... Plan... Establish RNP... PROM all planes... to [symbol for decrease] risk of further skin breakdowns / contractures..."</p> <p>Review of the PT discharge summary dated 4/30/12 documented, "...Discharge status... RNP established [and] performed... by staff... Assessment: Pt [patient] required total assist for all fxn [functional] act. [activities]... Plan: D/C [discharge] to RNP..."</p> <p>Observations in Resident #242's room on 8/6/12 at 3:50 PM, on 8/7/12 at 11:30 AM, on 8/8/12 at 3:00 PM, on 8/9/12 at 9:30 AM and on 8/10/12 at 8:10 AM, revealed Resident #242 lying in bed with bilateral elbow and hand contractures.</p> <p>Observations in Resident #242's room on 8/7/12</p>	F 282			

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F 282	Continued From page 16 at 11:30 AM, revealed the DON was unable to extend Resident #242's left elbow and left hand with PROM.  During an interview in the PT office on 8/10/12 at 8:30 AM, the Physical Therapy Director was asked why PT had discharged Resident #242 to the restorative nursing program. The Physical Therapy Director stated, "...to perform passive range of motion... because of an increased risk of skin breakdown and an increased risk of contractures..."  During an interview in the Administrator's office on 8/10/12, the DON was asked if Resident #242 had received any therapy, including range of motion, from the restorative nursing program. The DON stated, "No... we [restorative program] did not receive anything from therapy [PT program]."	F 282			
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 policy review, medical record review,	F 315	1. The lower portion of the catheter bag for resident #164 was immediately addressed and corrected on the date in which this alleged deficient practice occurred during this annual survey review on 8/9/12. 2. All residents with Foley catheters were assessed by their Unit Managers on 8/23/12 to ensure Foley bag is at appropriate level to allow for proper drainage and prevention of infection. 3. Director of Nursing, Assistant Director of Nursing or Unit Manager will in-service all nursing staff on infection control as it relates to Foley catheters by 9/9/12.	9/9/12	

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F 315	<p>Continued From page 17</p> <p>observation and interview, it was determined the facility failed to ensure the Foley catheter tubing was kept off the floor for 1 of 4 (Resident #164) sampled residents with a catheter included in the Stage 2 review.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's "Catheter Care, Urinary" policy documented, "...The purpose of this procedure is to prevent catheter-associated urinary tract infections... Infection Control... Be sure the catheter tubing and drainage bag are kept off the floor..."</li> <li>2. Medical record review for Resident #164 documented an admission date of 4/22/10 with diagnoses of Renal Failure, Late Effect of Cerebrovascular Accident with Hemiplegia of Dominant Side, Hypertension, Genitourinary Neoplasm and Peptic Ulcer Disease. Review of a physician's order dated 8/2/12 documented, "...FOLEY CATH [Catheter] # [number] 16/10cc [cubic centimeters] BULB DX [diagnosis]: URINARY RETENTION..."</li> </ol> <p>Review of the quarterly Minimum Data Set (MDS) dated 4/11/12 and the annual MDS dated 7/8/12 documented, "...HO100... Indwelling catheter... [checked]..." Review of the bowel and bladder assessment dated 7/8/12 documented, "...REASON FOR CATHETER... URINARY RETENTION..."</p> <p>Review of the care plan dated 7/19/12 documented, "...Problem... Potential for urinary tract infection related to presence of indwelling catheter, urinary retention. Goal... [Resident</p>	F 315	<p>4. Unit Managers to evaluate on a their assigned units the Foley catheter placement as it relates to infection control and will sign off to Director of Nursing on a weekly basis for four weeks, then monthly for two months and PRN thereafter that this is complete and their unit is compliant. The results of such will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>	
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F 315	Continued From page 18 #164] should be able to show no sign of urinary tract infection thru [through] 90 days... Approaches... Provide catheter care as ordered..."  Observations in Resident #164's room on 8/8/12 at 2:25 PM and on 8/9/12 at 3:45 PM, revealed Resident #164 in bed with the Foley catheter bag resting on the floor.  During an interview at the B wing nurses' station on 8/9/12 at 3:45 PM, Nurse #5 was asked what the expectations are for a resident with a catheter. Nurse #5 confirmed the catheter bag should not be on the floor and stated "...that is not acceptable..."	F 315		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION  Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure residents received appropriate treatment and services to prevent decrease in range of motion (ROM) for 2 of 5 (Residents #158 and 242) sampled residents with limited range of motion included in the Stage 2 review.	F 318	1. Resident #158 has been referred to therapy services for screening. However, the area identified as a potential deficient practice was, in fact, a transcription error. An order was written to discontinue the PT services as it was an error in transcription on 8/9/12. Regarding resident #242, the resident has been referred to therapy services for screening on 8/7/12. 2. All residents in the facility to be assessed by Therapy Director or Licensed Therapy Staff for decreased range of motion and potential for contractures by 9/9/12. 3. The Therapy Director or Director of Nursing is to educate all clinical staff by 9/9/12 on contractures and decreased range of motion to ensure residents are appropriately referred	9/9/12

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F 318	Continued From page 19  The findings included:  1. Review of the facility's "Range of Motion Exercises" policy documented, "...Preparation... Review the resident's care plan to assess for any special needs of the resident... Documentation... The following information should be recorded in the resident's medical record... 1. The date and time that the exercises were performed... The name and title of the individual(s) who performed the procedure... The type of ROM exercise given... Whether the exercise was active or passive... How long the exercise was conducted... If and how long the resident participated in the procedure or any changes in the resident's ability to participate in the procedure... Any problems or complaints made by the resident related to the procedure... If the resident refused the treatment, the reason(s) why and the intervention taken... The signature and title of the person recording the data..."  Review of the facility's "Rehabilitative Nursing Care" policy documented, "...Rehabilitative nursing care is provided for each resident admitted... Our facility has an active program of rehabilitative nursing which is developed and coordinated through the resident's care plan... Rehabilitative nursing care is performed daily for those residents who require such service. Such program includes, but is not limited to... Assisting residents to carry out prescribed therapy exercises... Assisting residents with their routine range of motion exercises..."  2. Medical record review of Resident #158 documented an admission date of 7/25/11 with	F 318	for screening and interventions in place as deemed appropriate.  4. Therapy Director to review weekly the 802 with regards to decreased range of motion or potential for contractures. Residents experiencing any declines in range of motion will be discussed in the morning clinical meetings with the IDT team. Therapy to assess residents coming up for assessment review each month for their upcoming quarterly MDS assessments. Results of these assessments will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.	

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F 318	<p>Continued From page 20</p> <p>diagnoses of Chronic Kidney Disease, Late Effects of Cerebrovascular Accident (CVA) Quadriplegia, Joint Contractures, Dysphagia and Percutaneous Endoscopy Gastrostomy Tube. Review of the history and physical dated 7/19/12 documented, "...Past Medical History... Severe Contractures..." Review of a physician's order dated 8/2/12 documented PT [Physical Therapy] 5x [times] WK [Week] X [times] 12 WKS FOR THERE [therapeutic] EX [exercise], THERE ACT [activities] NEURO MU [muscular] RE-ED [re-education]... KNEE FLEX [flexion] &amp; [and] EXTENSIONS IN SUPINE X10 REPS [repetitions] AS WELL AS ANKLE DORSOFLEX &amp; PLANTAR EXTENSION 6X/WK X 6 WEEKS..." Review of physician's order dated 8/8/12 documented "...Hand Roll to L [left] hand to prevent further contractures, check placement Q [every] shift..." Review of a care plan dated 8/3/12 documented, "...Problem... Self-care deficit related CVA with spastic quadraplegia, DJD [Degenerative Joint Disease], contractures, and dysphagia... Approaches... Provide ROM with each interaction of care daily as tolerated... Provide splints, braces, hand roll(s), assistive and positioning devices as ordered..."</p> <p>Observations in Resident #158's room on 8/6/12 at 4:20 PM, revealed Resident #158 reclined back in a gerichair. The toes of Resident #158's left foot were rotated inward.</p> <p>During an interview at the B wing nurses' station on 8/8/12 at 2:30 PM, Nurse #1 was asked if Resident #158 received physical therapy. Nurse #1 stated, "No, he doesn't..." Nurse #1 was asked if Resident #158 received ROM and who provided it. Nurse #1 stated, "Yes he does... the Certified</p>	F 318			

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F 318	<p>Continued From page 21 Nursing Assistants [CNAs]..."</p> <p>During an interview at the B wing nurses' station on 8/8/12 at 2:50 PM, CNA #1 was asked if she performed ROM on Resident #158 and if so, how often. CNA #1 stated, "Oh, sometimes I do, I will move his arms a little bit and I will raise his right arm to put on his shirt and I will move his right leg sometimes... every 2 or 3 days..." CNA #1 was asked if she documented the ROM for Resident #158 anywhere. CNA #1 stated, "No."</p> <p>During an interview in the conference room on 8/8/12 at 3:40 PM, the Director of Nursing (DON) was asked if Resident #158 received physical therapy as ordered. The DON stated, "...I think this order [for physical therapy] has carried over and should not be referring to a current PT order..." The DON was asked if Resident #158 received ROM, who would document it and where. The DON stated, "...my floor CNAs can... in the ADL [activity of daily living] matrix (computer)... but it is not broken down into PROM [passive range of motion] or AROM [active range of motion], it is only broken down into bed mobility... ROM is not documented in the matrix..."</p> <p>During an interview in the PT office on 8/8/12 at 4:00 PM, the PT Rehabilitation Director was asked if Resident #158 was receiving physical therapy as ordered. The PT Rehabilitation Director stated, "...I don't think so... the last time PT had him was 8/16/11..."</p> <p>3. Medical record review for Resident #242 documented an admission date of 4/12/12 with diagnoses of Leukocytosis, Encephalopathy,</p>	F 318			

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F 318	Continued From page 22 Dementia, Dehydration and Osteoporosis. Review of a physician's order dated 5/1/12 documented, "...late entry 4/27/12... PT Clarification: D/C [discharge] summary completed. Pt has been D/C'd [discharged] from PT [arrow indicating discharged to] RNP [restorative nursing program] 2 [secondary] of reaching max [maximum] potential." Review of the admission minimum data set (MDS) dated 4/19/12 and the quarterly MDS dated 7/12/12 documented, "...G0400. Functional Limitation in Range... A. Upper Extremity (shoulder, elbow, wrist, hand) ...2... Impairment on both sides... B. Lower Extremity (hip, knee, ankle, foot) ...2... Impairment on both sides..." Review of the care plan dated 7/31/12 documented, "...Problem / Need... Self care deficit: requires total care assistance with ADL's... Provide restorative nursing as indicated..." Review of the PT evaluation dated 4/13/12 documented, "...Precautions / Contraindications... [symbol for increased] risk of contractures BLE [bilateral lower extremities]... Short term goals... RNP will be established..." Review of the "Therapy Daily / Weekly Progress Report" dated 4/26/12 documented, "...Precautions / Contraindications... contractures BLE... Plan... Establish RNP... PROM all planes... to [symbol for decrease] risk of further skin breakdowns / contractures..." Review of the PT discharge summary dated 4/30/12 documented, "...Discharge status... RNP established [and] performed... by staff... Assessment: Pt [patient] required total assist for all fxn [functional] act [activities]... Plan: D/C [discharge] to RNP..." Review of the referral to the rehabilitation service department dated 8/7/12 documented, "...The above named resident [Resident #242] is referred to Occupational	F 318		

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F 318	<p>Continued From page 23</p> <p>Therapy due to... [check mark] Other [decreased] ROM..." Review of the screening report dated 8/7/12 documented, "...Functional ROM: Upper Extremities [check mark] Limitation... Comments: Pt [Resident #242] presents c [with] limitation / [decreased] ROM in BUE [bilateral upper extremities] / hands. Should benefit from skilled therapy services to improve BUE / hand ROM [and] to prevent further limitation in ROM... Referral received per nsg [nursing] [secondary] to pt c [with decreased] ROM in BUE. Consulted c orthotic rep [representative] for splint fitting [and] placement for 08-14-12..."</p> <p>Observations in Resident #242's room on 8/6/12 at 3:50 PM, on 8/7/12 at 11:30 AM, on 8/8/12 at 3:00 PM, on 8/9/12 at 9:30 AM and on 8/10/12 at 8:10 AM, revealed Resident #242 lying in bed with bilateral elbow and hand contractures.</p> <p>Observations in Resident #242's room on 8/7/12 at 11:30 AM, revealed the DON was unable to fully extend Resident #242's left elbow and left hand with PROM.</p> <p>During an interview in the DON's office on 8/9/12 at 6:36 PM, the DON was asked about PT referring Resident #242 to the Restorative Nursing Program. The DON stated, "...PT may or may not refer to restorative, if they feel like he has reached his potential and would not benefit from restorative, they would not make a referral..." The DON confirmed PT had discharge Resident #242 to the Restorative Nursing Program, but stated, "...there was no restorative note on him [Resident #242], so he was not picked up..."</p>	F 318			

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F 318	Continued From page 24 During an interview in the PT office on 8/10/12 at 8:30 AM, the PT Director was asked why PT had discharged Resident #242 to the restorative nursing program. The PT Director stated, "...to perform passive range of motion... because of an increased risk of skin breakdown and an increased risk of contractures..."	F 318		
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.  This REQUIREMENT is not met as evidenced by: Based on medical record review and observation, it was determined the facility failed to ensure proper care and maintenance of a Percutaneous Endoscopy Gastrostomy (PEG) tube for 1 of 2 (Resident #1) sampled residents with PEG tubes included in the Stage 2 review.  The findings included:	F 322	1. Resident #1 immediately had a Y-connector attached to their peg tube on 8/6/12. 2. All residents with tube feeding devices have been assessed by the Unit Manager assigned to their unit to ensure appropriate peg tube placement and peg tube devices are intact. 3. Director of Nursing, Assistant Director of Nursing or Unit Manager to in-service all licensed nursing staff by 9/9/12 on peg tubes and maintenance of peg tubes. 4. Unit Manager of unit is to assess all residents with peg tubes on their unit three times a week for four weeks, then monthly for two months and PRN thereafter to ensure they are properly functioning. Results of such will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.	9/9/12

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F 322	Continued From page 25 Medical record review for Resident #1 documented an admission date of 9/1/04 with diagnoses of Dysphagia, Aphasia, Gastrostomy, Hypertension, Seizures, Diabetes Mellitus, Chronic Kidney Disease, and History of Cerebrovascular Accident. Review of a physician's order dated 8/2/12 documented, "...DILANTIN 125 MG [milligrams] / [per] 5ML [milliliters] SUSP [suspension] TAKE 10ML VIA TUBE TWICE DAILY... MINOXIDIL 10MG TABLET TAKE 1/2 [one half] TABLET TWICE DAILY VIA TUBE... METOPROLOL TARTRATE 100MG TAKE 1 TABLET... TWICE DAILY VIA TUBE... FERROUS SULF [sulfate] 325MG... TAKE 1 TABLET BY MOUTH TWICE DAILY..."  Observations in Resident #1's room on 8/6/12 at 4:05 PM, Nurse #7 went to the medication cart and prepared Resident #1's medications. Nurse #7 placed the medication cups on the overbed table and went to check placement of the PEG tube. The PEG tube was open with no Y-connector on the end of it. Nurse #7 was assisted to turn resident to his side and found the Y-connector under the resident's back. The facility failed to ensure the Y-connector was connected to the Peg tube.	F 322			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 431	1. The bottle of insulin on B-wing and the bottle of insulin on G-wing were immediately dated when the alleged deficient practice was noted during annual survey review on 8/8/12 2. The Unit Manager to assess all insulin bottles on their units for proper dating as required. 3. The Director of Nursing, Assistant Director of Nursing or Unit Manager will in-service all licensed	9/9/12	

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F 431	<p>Continued From page 26</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure that insulin was dated when opened in 2 of 11 (B wing medication room and G wing medication cart) medication storage areas.</p> <p>The findings included:</p> <p>1. Review of the facility's "Medication Administration" policy documented,</p>	F 431	<p>nursing staff by 9/9/12 on insulin storage and labeling.</p> <p>4. Unit Manager to audit med carts of their units three times a week for four weeks, then monthly for two months and PRN thereafter to ensure compliance of such. Results of this audit will be referred to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>		

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F 431	Continued From page 27 "...Preparation and General Guidelines, Supplement-Regulations and Standards... Vials and Ampules of Injectable Medications... OPENED VIALS must have noted on the label the person's initials and the date and time of opening..."  2. Observations in the B wing medication room on 8/8/12 at 1:30 PM, revealed 1 open vial of Novolin Regular Insulin with no opened date on the vial or on the label on the bag.  During an interview in the B wing medication room on 8/8/12 at 1:43 PM, Nurse #1 was asked how long after opening an insulin vial is it to be discarded. Nurse #1 stated, "...after 28 days..." Nurse #1 checked the insulin vial for an opened date and stated, "You can't know when it was opened because it wasn't labeled. The date should have been wrote on the vial." Nurse #1 was asked what is the policy for labeling insulin that has been opened. Nurse #1 stated, "We are supposed to write the date on the vial, and I go ahead and write it on the label too."  3. Observations on the G wing hall on 8/8/12 at 2:40 PM, revealed an open vial of insulin not dated in the G wing medication cart.  During an interview on the G wing hall on 8/8/12 at 2:40 PM, Nurse #11 was asked if the insulin vials should be labeled with the opened date. Nurse #11 stated, "I usually label the bag and not the bottle."	F 431			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an	F 441			

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F 441	<p>Continued From page 28</p> <p>Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission 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:</p>	F 441	<ol style="list-style-type: none"> <li>No residents were found to have had adverse effects from this alleged deficient practice.</li> <li>All residents have the potential to be affected by this alleged deficient practice.</li> <li>Nurse #7 and Nurse #8 will be educated by 9/9/12 on appropriate hand washing techniques and hand washing techniques while wearing gloves. Director of Nursing, Assistant Director of Nursing or Unit Manager will in-service all licensed nursing staff by 9/9/12 on hand washing techniques and hand washing techniques while wearing gloves.</li> <li>All licensed nurses to complete a hand washing skills check off with the Director of Nursing or Assistant Director of Nursing by 9/9/12. The Unit Managers will make observations of hand washing techniques of staff as part of their daily monitoring weekly for four weeks, then monthly for two months and PRN thereafter. The Unit Manager will report findings to the Quality Assurance Committee monthly for the next three months for further recommendations.</li> </ol>	9/9/12	

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F 441	<p>Continued From page 29</p> <p>Based on policy review and observation, it was determined 2 of 8 (Nurses #7 and 8) nurses observed administering medication failed to complete hand hygiene to prevent cross contamination.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Review of the facility's "Handwashing / Hand Hygiene" policy documented, "...This facility considers hand hygiene the primary means to prevent the spread of infections... Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions... Before and after direct resident contact... Upon and after skin coming in contact with a resident's intact skin... After removing gloves... The use of gloves does not replace handwashing / hand hygiene..."</li> <li>Observations of medication administration on 8/6/12 at 4:05 PM, Nurse #7 checked a resident's blood pressure with an automatic cuff, went to the nurses' station and returned with a Dynamap machine. Nurse #7 checked the resident's blood pressure without washing her hands after direct resident contact. Nurse #7 then went to the medication cart, prepared medications in cups and placed the cups of medications in the cart. Nurse #7 locked the cart, went to the nurses' station, washed her hands and turned the water off with her bare hands. Nurse #7 then entered a resident's room and donned gloves to check the placement of a percutaneous endoscopic gastrostomy (PEG) tube. After discovering the PEG tube had no Y-connector, Nurse #7 took the medications back to the cart and removed her</li> </ol>	F 441		

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NAME OF PROVIDER OR SUPPLIER  ASHTON PLACE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111		
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F 441	Continued From page 30 gloves. Nurse #7 regloved without washing her hands, reentered the room, looked for the Y-connector and found it under the resident's back. Nurse #7 washed the connector, removed her gloves, washed her hands and turned the water off with her bare hands. Nurse #7 donned gloves and reconnected the Y-connector on the tubing. Nurse #7 then removed her gloves, left the room, went to the supply room and the nurses' station without washing her hands after direct resident contact. Nurse #7 returned to the resident's room, donned gloves and checked the PEG tube for placement. Nurse #7 then removed her gloves and returned to the medication cart without washing her hands.  3. Observations in a resident's room on 8/8/12 at 8:13 AM, Nurse #8 washed her hands, gloved, administered medications to the resident, removed her gloves, removed a permanent marker from her pocket and dated an Exelon patch. Nurse #8 then donned gloves without washing her hands, removed an old Exelon patch from the resident's shoulder, removed her gloves, washed hands and documented the administration of the Exelon patch.  Observations in a resident's room on 8/8/12 at 8:32 AM, Nurse #8 washed hands, gloved, administered medications and insulin. Nurse #8 then removed her gloves, returned to the medication cart and documented the medication and insulin administration without washing her hands.	F 441			
F 469 SS=E	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM  The facility must maintain an effective pest	F 469			

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F 469	<p>Continued From page 31 control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure an effective pest control program as evidenced by the presence of a spider, flies and/or a hard shelled bug on 4 of 5 (8/6/12, 8/7/12, 8/8/12 and 8/9/12) days of the survey.</p> <p>The findings included:</p> <p>1. Observations in the men's employee bathroom on the first floor on 8/6/12 at 10:00 AM, revealed a live spider in a spider web on the wall between the sink and the door.</p> <p>Observations in the kitchen on 8/6/12 at 11:45 AM, revealed a fly flying around in the kitchen in the food preparation area while food was being prepared and served.</p> <p>Observations in room 128 on 8/6/12 at 3:25 PM, revealed a fly on the resident's floor.</p> <p>Observations in room 103 on 8/6/12 at 3:40 PM, revealed 2 flies on the resident and on the resident's overbed table.</p> <p>2. Observations at the A wing nurses' station on 8/7/12 at 10:35 AM, revealed a fly at the nurses' station.</p> <p>Observations on the D wing hall on 8/7/12 at</p>	F 469	<ol style="list-style-type: none"> <li>The spider web and spider between the sink and the door in the men's employee bathroom has been removed. Pest control services were obtained on 8/8/12, 7/20/12, 7/18/12, 6/14/12, 5/24/12, 4/12/12, 3/8/12, 2/23/12, 2/9/12, 1/26/12, and 1/12/12. The facility will continue to remind residents to keep food in closed containers with lids to assist with reducing concerns with this alleged deficient practice. The facility will continue to utilize overhead fans at door entrances to deter flying insects from entering the facility. The facility will continue to provide pest control services regularly as scheduled and as needed PRN.</li> <li>All residents have the potential to be affected by this alleged deficient practice.</li> <li>The facility will continue to provide regularly scheduled pest control services and as needed PRN. In addition to this, the facility has purchased Fliaway Products on 8/22/12 which will be installed at common entry doors upon delivery.</li> <li>The Environmental Service Director will report any further concerns after installation of the Fliaway product to the Quality Assurance Committee monthly for the next three months for further recommendations.</li> </ol>	9/9/12

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F 469	Continued From page 32 11:11 AM, revealed a fly on the hall floor.  Observations in room 128 on 8/7/12 at 2:53 PM, revealed a fly on the resident in room 128.  During an interview in room 128 on 8/7/12 at 3:30 PM, Resident #139 was asked if he often saw flies in his room. Resident #139 stated, "Yes."  Observations in room 103 on 8/7/12 at 3:35 PM, revealed 2 flies on Resident #167.  During an interview in room 103 on 8/7/12 at 3:40 PM, Resident #167 was asked if he saw flies in his room often. Resident #167 stated, "Yes, especially when it gets hot outside..."  3. Observations on the hall by the time clock on 8/8/12 at 8:20 AM, revealed a hard shell bug on the floor.  Observations at the B wing nurses' station on 8/8/12 at 2:40 PM, revealed a fly flying around the nurses' heads.  4. Observations by the doorway of the main dining room on 8/9/12 at 3:45 PM, revealed a fly flying around a resident's head.	F 469			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514	1. The area identified as a potential deficient practice was, in fact, a transcription error. An order was written to discontinue the OT service as it was a transcription error on 8/13/12. 2. All resident orders will be verified by the Unit Manager of their units to ensure no other transcription errors exist. All resident orders will be verified at the beginning of each	9/9/12	

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F 514	<p>Continued From page 33</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure that medical records were accurately and completely maintained by not reconciling physician's orders for therapy for 1 of 37 (Resident #242) sampled residents in the Stage 2 review.</p> <p>The findings included:</p> <p>Medical record review for Resident #242 documented an admission date of 4/12/12 with diagnoses of Leukocytosis, Encephalopathy, Dementia, Dehydration and Osteoporosis. Review of the recertification physician's orders dated 5/3/12 documented, "...THERAPY... PT [Physical Therapy] 5X [times]/WK [week] X [times] 12 WKS TO ADDRESS WKNES [weakness]. TX [treatment] MAY CONSIST OF THERE [therapeutic] EX [exercise] /ACT [activity]..." Review of the recertification physician's orders dated 6/1/12 and 8/2/12 documented, "...THERAPY... OT [Occupational Therapy] 5X/WK X 12 WKS FOR MW [muscle weakness] TX TO INCLUDE THERE EX/NEURO [neurological] RE-ED [re-education] AND ADL [activities of daily living] TRG [training]..." There was no evaluation for Occupational Therapy (OT) or any documentation that Resident #242 had</p>	F 514	<p>month with two nurses to validate orders.</p> <p>3. Director of Nursing, Assistant Director of Nursing or Unit Manager to in-service license nursing staff by 9/9/12 on validation of orders each month. Unit Managers to verify signatures of this order verification process and accuracy of orders on a monthly basis for three months and refer any concerns to the Director of Nursing.</p> <p>4. Results of the order verification process and any discrepancies noted will be referred by the Director of Nursing or Assistant Director of Nursing to the Quality Assurance Committee monthly for the next three months for further recommendations.</p>		

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F 514	Continued From page 34 received OT in the resident's medical record.  During an interview in the Administrator's office on 8/10/12 at 10:00 AM, the Director of Nursing (DON) confirmed Resident #242 had not been evaluated for OT and stated, "...[Resident #242] did not receive any OT..." After reviewing Resident #242's medical record, the DON was unable to find the original order for OT.  During an interview in the Administrator's office on 8/10/12 at 10:05 AM, the Regional Clinical Consultant confirmed the order for OT on the 6/1/12 and 8/2/12 recertification physician's orders was incorrect.	F 514			

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AUG 15 2012