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

45th 2/23/14

PRINTED: 01/23/2014
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
	445486		01/09/2014

NAME OF PROVIDER OR SUPPLIER
RIDGETOP HAVEN HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
2002 GREER ROAD
RIDGETOP, TN 37152

(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 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility documentation, facility policy review, observation, and interview, the facility failed to assess side rails as a restraint for one resident (#30) of seven residents reviewed for restraints of twenty-one residents reviewed. The findings included: Resident #30 was admitted to the facility on June 27, 2013, with diagnoses including Fractured Femur, Urinary Tract Infection, and Late Effects of Cerebrovascular Disease. Medical record review of the quarterly Minimum Data Set dated December 24, 2013, revealed the resident had short and long term memory problems, was totally dependent for bed mobility and transfers, did not walk, and no restraints were used. Medical record review of the December 2013, and January 2014, physician recapitulation orders revealed "...May use side rails for position changes while in bed..." Medical record review of the Siderail Utilization Record dated December 24, 2013, (completed by the Interim Director of Nursing) revealed the side	F 221	This Plan of Correction is submitted as required under State and Federal Law. The submission of this plan does not constitute an admission on the part of Ridgetop Haven Health Care Center as to accuracy of the findings nor does it constitute any of the deficiencies cited as correctly applied. Any changes to Ridgetop Haven Health Care Center's Policies and Procedures should be considered to be subsequent remedial measures as that concept is employed in the Rule 407 of the Federal Rules of Evidence and any corresponding State Rule of any proceeding on that basis. The Facility submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility or any employee, agent, officer, director or shareholder of the Facility. Resident #30 was re-assessed by the Director of Nursing for the use of side rails on January 9, 2014. Due to resident #30 having a history of seizures and currently being treated for seizures, the use of side rails was indicated. On January 9, 2014 the physician was called and an order was received for the use of side rails and Resident #30 was assessed for side rails as a restraint. There were no negative consequences with resident #30 with related to the use of side rails.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: NHA — (X6) DATE: 1-30-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 221	Continued From page 1 rails were indicated and served as an enabler to promote independence and bed mobility. Medical record review revealed no documentation the resident had been assessed for the side rails as a physical restraint. Review of facility documentation revealed on June 30, 2013, at 8:00 a.m., and 12:30 p.m., November 11, 2013, at 11:00 a.m., January 1, 2014, at 1:00 a.m., and January 6, 2014, at 4:45 p.m., the resident exited the bed beyond the raised side rails without assistance. Review of the facility policy Restraint Management (Physical) dated July 19, 2004, revealed "...Physical Restraint defined: 1. Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body...a. Bed Rails - Include any combination of partial or full rails (e.g., one-side half-rail, one-side full rail, two-sided half rails or quarter-rails, rails along the side of the bed that block three-quarters to the whole length of the mattress from top to bottom, etc)...Six Steps Restraint Application Process...Complete Restraint Assessment..." Observation on January 9, 2014, at 8:20 a.m., with the Interim Director of Nursing, revealed the resident lying on the bed with three-quarter side rails in the raised position. Interview with Certified Nursing Assistant (CNA) #1, on January 9, 2014, at 10:45 a.m., in the hallway, revealed the resident often used the side rails and scooted towards the end of the bed,	F 221	All other residents were re-assessed for the use of side rails on January 9, 2014 by the Director of Nursing and Assistant Director of Nursing. No residents were found to be inhibited by the presence of side rails. The licensed nursing staff was in-serviced by the Director of Nursing on January 15, 2014 on the facility's policy for the use of side rails. The Director of Nursing, or designee, will monitor compliance with review of side rail assessments quarterly x 6 months. Findings will be referred to the Quality Assurance Committee for review and recommendations as needed. The QA Committee consist of the Medical Director, Administrator, DON, ADON, Social Service Director, Activities Director, and Dietary Director.	1-31-14

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F 221	Continued From page 2 below the three-quarter side rails. Interview on January 9, 2014, at 8:15 a.m., with the Interim Director of Nursing, in the conference room, confirmed a restraint assessment for the use of side rails as a restraint had not been completed for resident #30.	F 221		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care 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. 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). This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to develop a care plan to address the use of side rails for one resident (#30), of twenty-one residents reviewed.	F 279	On January 13, 2014 the Care Plan for resident #30 was revised by the Director of Nursing to reflect the use of side rails. By Feburary3, 2014 the care plans for residents that use side rails will be audited by the Director of Nursing to ensure that care plans were developed to address the use of side rails. On January 15, 2014 the licensed nursing staff was in-serviced by the Director of Nursing on the development of care plans addressing the use of side rails. The Director of Nursing, or designee, will monitor compliance with quarterly chart audits x6 months. Findings from the chart audits will be referred to the Quality Assurance Committee for review and resolution.	2-3-14

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F 279	Continued From page 3 The findings included: Resident #30 was admitted to the facility on June 27, 2013, with diagnoses including Fractured Femur, Urinary Tract Infection, and Late Effects of Cerebrovascular Disease. Medical record review of the December 2013, and January 2014, physician recapitulation orders revealed "...May use side rails for position changes while in bed..." Medical record review of the current Care Plan, reviewed on September 26, 2013, and revised on January 2, 2014, revealed no interventions to address the resident's use of side rails. Observation on January 9, 2014, at 8:20 a.m., with the Interim Director of Nursing, revealed the resident lying on the bed with three-quarter side rails in the raised position. Interview on January 9, 2014, at 2:30 p.m., with the Assistant Director of Nursing, in the conference room, confirmed a Care Plan had not been developed to address the use of the side rails for resident #30.	F 279		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323		

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F 323	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a safety device was in place for one resident (#30) of three residents reviewed for accident of twenty-one residents reviewed. The findings included: Resident #30 was admitted to the facility on June 27, 2013, with diagnoses including Fractured Femur, Urinary Tract Infection, and Late Effects of Cerebrovascular Disease. Medical record review of the quarterly Minimum Data Set dated December 24, 2013, revealed the resident had short and long term memory problems, was totally dependent for bed mobility and transfers, did not walk, and no restraints were used. Medical record review of the Fall Risk Assessment dated December 24, 2013, revealed the resident was at high risk for falls. Medical record review of the Care Plan, reviewed on September 26, 2013, and revised on January 2, 2014, revealed "...At risk for falls...infrared alarm placed on elder's bed..." Observation on January 9, 2013, at 8:20 a.m., with the Interim Director of Nursing, in the resident's room, revealed the resident lying on the bed with three-quarter side rails in the raised position, and an infrared alarm placed on the wall at the foot of the resident's bed. Continued	F 323	On January 9, 2014 the personal alarms in place for Resident #30 were reviewed by the Director of Nursing were determined to be in proper working order and in the "on" position. The alarms of other residents were audited by the Director of Nursing on January 27, 2014 and they were found to be in working order and in the "on" position. On January 15, 2014 the nursing staff was in-serviced by the Director of Nursing regarding ensuring that safety devices are in proper working order and in the "on" position. A list of alarms/devices is kept in the front of each MAR & C.N.A. care plan. The C.N.A. and licensed nurse will check each shift to ensure all devices/alarms are in place and working properly. The Director of Nursing, or designee, will monitor compliance through random audits conducted weekly x 4, monthly x6 months and PRN thereafter. Findings from the compliance rounds will be referred to the Quality Assurance Committee for review and resolution	1-30-14

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F 323	Continued From page 5 observation and interview with the Interim Director of Nursing confirmed the infrared alarm was not functional due to not being turned on.	F 323		
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to obtain a laboratory specimen in a timely manner, for one (#30), of twenty-one residents reviewed. The findings included: Resident #30 was admitted to the facility on June 27, 2013, with diagnoses including Fractured Femur, Urinary Tract Infection, and Late Effects of Cerebrovascular Disease. Medical record review of a physician's order dated November 1, 2013, revealed a urinalysis with culture and sensitivity was to be obtained. Medical record review revealed the urinalysis with culture and sensitivity ordered on November 1, 2013, was not obtained until November 5, 2013. Continued review revealed the culture identified the organism Klebsiella Pneumoniae, and the antibiotic Cipro was ordered to treat the Urinary Tract Infection. Interview on January 9, 2013, at 9:26 a.m., with	F 502	On January 9, 2014 an audit was completed by the Assistant Director of Nursing for labs ordered for resident #30. Labs were found to be collected timely and results were filed in resident's medical record. On January 17, 2014 all other residents who had labs ordered November 1, 2014 to January 17, 2014 were audited by the Assistant Director of Nursing for timely lab draws and there were no delays identified. The licensed nursing staff was in-serviced by the Director of Nursing on January 15, 2014 on the facility's policy concerning delay in services. The Director of Nursing, or designee, will monitor compliance through lab audits conducted monthly X 6 months. Findings from the audits will be referred to the Quality Assurance Committee for review and resolution.	1-31-14

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F 502	Continued From page 6 the Interim Director of Nursing, in the conference room, confirmed the urinalysis with culture and sensitivity was not obtained in a timely manner.	F 502		