

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

JUN 07 2013

PRINTED: 05/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2013
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NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111
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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 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.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, document review and interview, it was determined the facility failed to revise or update the care plan for falls and pressure ulcers for 1 of 12 (Resident #68) sampled residents reviewed of the 23 residents included in the stage 2 review.

The findings included:

Medical record review for Resident #68 documented an admission date of 2/12/13 with diagnoses of Right-Sided Hemiplegia, Lack of

F 280

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by the state and federal law.

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

Tom Harlan

TITLE

Administrator

(X6) DATE

6/6/13

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.

The care plan was updated 6/12/13.

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F 280 Continued From page 1
Coordination, Cerebrovascular Accident (CVA), Generalized Muscle Weakness, Difficulty In Walking, Joint Pain, Symbolic Dysfunction, Dysphagia, Hyperlipidemia, Hypertension, Ventral Hernia, Gastro Esophageal Reflux, Dementia, Urinary Retention, and Peripheral Vascular Disease. Review of the comprehensive care plan dated 2/25/13 documented, "...Falls... has potential for falls related to poor safety awareness secondary to cognitive effects [effects] of cva, Attempts to transfer w/o [without] assist... 2/26/13... OBSV [observed] on floor... 3/1/13 obsv on bedside mats... 4/23/13 Fall onto floor mat..."

Review of the facility's "CONFIDENTIAL REPORT OF INCIDENT TO QUALITY IMPROVEMENT" forms documented Resident #68 had falls on 2/26/13, 3/1/13, 3/4/13, 3/5/13, 4/8/13, and 4/23/13. The care plan failed to document the falls and/or interventions put in place after the falls on 3/4/13, 3/5/13, 4/8/13 and 4/23/13.

Further review of the comprehensive care plan dated 2/25/13 documented, "...Pressure Ulcers... at risk for skin breakdown r/t [related to] incont [incontinence] and limited mobility... right side hemiplegia secondary to cva..." The care plan for pressure ulcers was not revised to reflect the presence of a pressure ulcer staged as a Deep Tissue Injury (DTI) on the right ankle with an onset date of 4/15/13. Nurses notes dated 4/16/13 documented, "...Resident has Scab noted to CVA affected (R) [right] lat [lateral] ankle. c/o [complained of] pain [symbol for with] touch. New orders to skin prep area. resident states he hit it or something... DTI due to location also to float ft [foot] off pillow..."

F 280 Care plan updated for resident #68 to reflect falls and/or interventions put in place after falls on 3/4/13, 4/8/13, and 4/23/13. Care plan updated for resident #68 to reflect pressure ulcer onset date 4/15/13. June 15, 2013

All residents that sustained a fall for the last 90 days will have a chart review to ensure that all falls and/or interventions have been care planned.

Incident Report was changed to be more extensive with investigation of falls and incident surrounding falls.
Charge nurse will implement new intervention after each fall and will care plan new intervention.
Staff will be in-serviced on protocol per DON and/or designee.
Charts will be reviewed in the next IDT meeting per DON and/or designee to ensure that interventions are appropriate and are care planned.

Falls will be reviewed weekly by the Falls Committee to ensure compliance. Findings will be reported to the QA Committee monthly x2, then PRN thereafter.

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F 280	Continued From page 2 During an interview in the skilled dining room on 5/15/13 at 10:49 AM, Nurse #4, stated, "...MDS [Minimum Data Set] nurse is responsible for updating the care plan..." During an interview in the skilled dining room on 5/15/13 at 11:00 AM, the Director of Nursing (DON) was asked about the care plan related to a fall intervention for 4/23/13 and an actual pressure ulcer for skin conditions. The DON stated, "...It should be on there... she [MDS coordinator] didn't write it on there..." During an interview in the skilled dining room on 5/15/13 at 1:40 PM, Nurse #1 stated, "...The pressure ulcer should have been added as a problem [to the MDS]... The intervention should be on there [MDS] for all falls..." During an interview in the skilled dining room on 5/15/13 at 3:25 PM, the DON verified Resident #68 had falls on 2/26/13, 3/1/13, 3/4/13, 3/5/13, 4/8/13, and 4/23/13.	F 280			
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 -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate	F 322	Chart review revealed Resident #80 had no observed signs and symptoms of side effects of missed medications of Caribodopa-Levodopa and/or Senna-Gen . All residents with gastric tube feedings have the potential to be affected by the deficient practice.	June 15, 2013	

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F 322	<p>Continued From page 3</p> <p>treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observations and interview, it was determined the facility failed to ensure 1 of 6 (Nurse #2) medication nurses did not leave medication residual in the medication cup and diluted the medications with the correct amount of water during the administration of medication through the Percutaneous Endoscopy Gastrostomy (PEG) tube.</p> <p>The findings included:</p> <p>Review of the facility's medication administration policy documented, "...The nurse is responsible for the accuracy of the drugs he/she administers..."</p> <p>Review of the facility's "Administering Medications through an Enteral Tube" policy documented, "...Dilute the crushed or split medication with 30 ml [milliliter] water... If administering more than one medication, flush with 5- [to] 10 ml... warm water between medications..."</p> <p>Medical record review for Resident #80</p>	F 322	<p>Staff will be in-serviced on appropriate medication administration via gastric tube per DON and/or designee.</p> <p>Gastric tube medication pass will be observed weekly x4, monthly x2, then PRN thereafter per DON and/or designee to ensure compliance.</p> <p>Findings will be reported to the QA Committee monthly x2, then PRN thereafter.</p>	June 15, 2013

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F 322 Continued From page 4
documented an admission date of 10/03/2010 with a readmission date of 11/12/2010 with diagnoses of Attention To Gastrostomy Tube, Esophageal Reflux, Pressure Ulcers, Urinary Tract Infection, Malaise, Rehabilitation and Fatigue. Review of a physician's order signed 5/3/13 documented, "...CARBIDOPA - LEVODOPA 25-100 TAB [Tablet] (FOR SINEMET 25-100 MG [milligram] TABLET) 2 TABS PER TUBE FOUR TIMES DAILY ... SENNA-GEN... TABLET... 1 TABLET PER TUBE TWICE DAILY..."

Observations in Resident #80's room on 5/13/13 at 5:25 PM, Nurse #2 placed 2 tablets of crushed Carbidopa /Levodopa 25/100 mg in a medicine cup and added 10 ml of water to dilute the medication and administered the medication through the PEG tube. Nurse #2 placed a crushed Senna Tab in another medicine cup and added 10 ml of water to dilute the medicine. Nurse #2 administered one of the medications flushed the PEG tube with 10 mls of water between the next medication. Nurse #2 verified the amount of water used in each cup to dilute the medications. Nurse #2 used the incorrect amount of water to dilute the medications. After administering the Carbidopa / Levodopa medication there was a yellow residual left in the medicine cup and there was a brown residual left in the medication cup after the Senna was administered.

During an interview in Resident #80's room on 5/13/13 at 5:25 PM, Nurse #2 was asked if she had completed the medication administration. Nurse #2 stated, "Yes." Nurse #2 was then asked if she saw the residual left in each medicine cup.

F 322

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F 322 Continued From page 5
Nurse #2 stated, "I sure do..." Nurse #2 was then asked if the resident received the full dose of medication. Nurse #2 stated, "No."
F 332 483.25(m)(1) FREE OF MEDICATION ERROR SS=D RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

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 1 of 6 (Nurse #2) medication nurses administered medications without a medication error rate of less than 5 percent (%) for 1 of 6 (Resident #80) residents. A total of 2 medication errors were observed out of 28 opportunities for error, resulting in a medication error rate of 7.14%.

The findings included:

Review of the facility's medication administration policy documented, "...The nurse is responsible for the accuracy of the drugs he/she administers..."

Medical record review for Resident #80 documented an admission date of 10/3/2010 with a readmission date of 11/12/10 with diagnoses of Attention To Gastrostomy Tube, Esophageal Reflux, Pressure Ulcers, Urinary Tract Infection, Malaise, Rehabilitation and Fatigue. Review of a physician's order signed 5/3/13 documented, "...CARBIDOPA - LEVODOPA 25-100 TAB

F 322

F 332 Chart review revealed Resident #80 had no observed signs and symptoms of side effects of missed medications of Caribodopa-Levodopa and/or Senna-Gen .

June 15, 2015

All residents have the potential to be affected by the deficient practice.

Staff will be in-serviced on appropriate medication administration including via those residents with gastric tubes per DON and/or designee.

Medication pass (including residents with gastric tubes) will be observed weekly x4, monthly x2, then PRN thereafter per DON and/or designee to ensure compliance. Findings will be reported to the QA Committee monthly x2, then PRN thereafter.

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F 332	Continued From page 6 [Tablet] (FOR SINEMET 25-100 MG [milligram] TABLET) 2 TABS PER TUBE FOUR TIMES DAILY... SENNA-GEN... TABLET... 1 TABLET PER TUBE TWICE DAILY..." Observations in Resident #80's room on 5/13/13 at 5:25 PM, Nurse #2 placed 2 crushed tablets of Carbidopa/Levodopa 25/100 mg in a medicine cup and added 10 milliliters (ml) of water to dilute the medication and administered the medication through the Percutaneous Endoscopy Gastrostomy (PEG) tube. Nurse #2 placed a crushed Senna Tab in another medicine cup and added 10 ml of water to dilute the medicine and administered the medicine through the PEG tube. After administration of the Carbidopa/Levodopa medication there was yellow residual left in the medicine cup and there was brown residual left in the medication cup that contained the Senna tablet. The failure to administer all of the Carbidopa/Levodopa medication resulted in medication error #1 and the failure to administer all of the Senna tablet resulted in medication error #2. During an interview in Resident #80's room on 5/13/13 at 5:25 PM, Nurse #2 was asked if she had completed the medication administration. Nurse #2 stated, "Yes." Nurse #2 was then asked if she saw the medication residual left in each medicine cup. Nurse #2 stated, "I sure do..." Nurse #2 was then asked if the resident received the full dose of medication. Nurse #2 stated, "No."	F 332			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371	The container of sour cream, the container of hard boiled eggs, the container of pesto, the container of horseradish, and the container of minced garlic was discarded.		

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F 371	<p>Continued From page 7 considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</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 food was prepared and stored under sanitary conditions as evidenced by outdated food items in the refrigerator, prepared foods not dated and staff members not wearing beard covers over their beards.</p> <p>The findings included:</p> <p>1. Observations in the kitchen refrigerator on 5/13/13 at 10:15 AM, revealed an opened container of sour cream with an expiration date of 5/12/13, a container of hard boiled eggs with an unsecured lid on the container and there was no open date on the container, an opened container labeled Pesto without a date, a opened container labeled Horseradish, and a opened container of Minced Garlic without dates.</p> <p>During an interview in the kitchen on 5/13/13 at 10:00 AM, Dietary Staff #1 was asked what should be done with items that are out of date. Dietary Staff #1 stated, "It [the undated food] should be discarded..."</p> <p>During an interview in the storage room on</p>	F 371	<p>The container of sour cream, the container of hard boiled eggs, the container of pesto, the container of horseradish, and the container of minced garlic was discarded.</p> <p>Staff was in-serviced on 05/14/2013 on sanitary food conditions and storage (including dating of food items and proper usage of hair restraints, i.e., beard protectors).</p> <p>Opened food items will be dated and labeled daily. Unopened, undated food items will be dated with the date of receipt to the facility.</p> <p>Storage area will be monitored daily by kitchen Manager and/or Lead Staff with immediate corrective action to ensure compliance. CDM will perform monthly walk through inspections. Findings will be reported to the QA Committee for review monthly x2, then PRN thereafter.</p>	June 15, 2013

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F 371 Continued From page 8
5/13/13 at 10:00 AM, Dietary Staff #1 was asked if items are open should they be dated. Dietary Staff #1 stated, "Yes it should... I can't tell you where the expiration dates are... it is not on there..."

During an interview in the kitchen on 5/13/13 at 10:00 AM, Dietary Staff #2 stated, "All these containers should have an expiration date... I will find out from the company where it is."

2. Review of the facility's "Hair Care" policy for the kitchen documented, "...Hair completely restrained including beard restraints..."

Observations in the kitchen on 5/14/13 at 11:30 AM, revealed Dietary Staff #3 bringing glasses out of the kitchen and putting them on a cart without a beard cover.

During an interview in the kitchen on 5/14/13 at 11:30 AM, Dietary Staff #1 was asked should a person entering in and out of the kitchen have their beards covered. Dietary Staff #1 stated, "Yes."

F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS
SS=D

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program

The facility must establish an Infection Control Program under which it -

(1) Investigates, controls, and prevents infections

F 371

F 441

Review will be done on all residents to observe for trending in facility acquired infections.

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All residents have the potential to be affected by the deficient practice.

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F 441 Continued From page 9
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.

(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.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on policy review, observation and interview, it was determined the facility failed to ensure practices were followed to prevent the spread of infection when 1 of 6 (Nurse #3) nurses observed administering medications failed to perform hand hygiene before preparing medications.

The findings included:

F 441 In-service will be done per DON and/or designee on proper hand washing technique during medication pass. Medication pass will be observed weekly x4, monthly x2, then PRN thereafter to ensure compliance. Staff will do return demonstration to ensure understanding and knowledge. Random hand washing audits will be done weekly x4, then monthly x2 and PRN thereafter to ensure compliance.

Findings will be reported to the QA Committee X2 months, then PRN thereafter.

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NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111		
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F 441	Continued From page 10 Review of the facility's "Handwashing/Hand Hygiene" policy documented, "...In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% [percent] ethanol or isopropanol for all the following situations... Before preparing or handling medications..." Observations beside the medication cart on 5/14/13 at 12:10 PM, Nurse #3 popped a Reglan pill into a medicine cup from the medicine card, poured the tablet into a sleeve to crush it, obtained other needed supplies and proceeded to administer the medication to the resident through the Percutaneous Endoscopy Gastrostomy tube. Nurse #3 did not wash her hands or use hand gel prior to preparing the medication. During an interview beside the medication cart on 5/14/13 at 12:15 PM, Nurse #3 was asked if she washed her hands prior to preparing the resident's medication. Nurse #3 stated, "No." During an interview in the skilled dining room on 5/15/13 at 9:00 AM, the Director of Nursing was asked what her expectations of the nurses was related to washing hands during medication administration. The DON stated, "I expect them [nurses] to wash their hands before and after [adminitering medications]..."	F 441			