

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

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SEP 10 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/25/2010
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NAME OF PROVIDER OR SUPPLIER  BAPTIST MEMORIAL HOSP-Memphis SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120
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F 309 SS=E	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on policy review, medical record review, observation and interview, it was determined the facility failed to access for potential and actual skin breakdown for 1 of 10 (Resident # 10) sampled residents and failed to follow physician's orders for intermittent compression stockings or a laboratory test for 3 of 10 (Residents # 3, 5 and 6) sampled residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Review of the facility's "Pressure Ulcer Prevention and Treatment Guidelines Policy" documented, "...Each patient is assessed for potential and actual skin breakdown on admission, daily and prn [as needed] if the patient's condition changes."</li> </ol> <p>Medical record review documented an admission date of 11/26/09 for Resident # 10 with diagnoses that included Severe Chronic Obstructive Pulmonary Disease, Chronic Diastolic Congestive Heart Failure, Coronary Artery Disease, Chronic Renal Failure, Peripheral Artery Disease of the legs of moderate to severe degree, Recent Left Leg Deep Venous Thrombosis, Anemia, Recent Acute Right Hip Fracture, Recent Acute Left Ankle Sprain, Diabetes Mellitus, Peripheral neuropathy, Peripheral Vascular Disease, Malnutrition and Dementia. Review of the Nursing Assessments/Interventions flow sheets from</p>	F 309	<p>Actions taken are as follows:</p> <p><u>Policy and Procedure Review:</u> Reviewed the following policies:</p> <ul style="list-style-type: none"> <li>Pressure Ulcer Prevention and Treatment Guidelines Policy</li> <li>Anti-embolism Stockings</li> <li>Sequential Compression Therapy</li> <li>Verbal, Telephone and Written Orders Policy</li> <li>Transcription of Orders</li> <li>Specimen collection and labeling Procedure (Attachment A)</li> </ul> <p><u>Practice Changes:</u></p> <ul style="list-style-type: none"> <li>Revised initial assessment process to include validation by 2 staff members of initial skin assessment (Attachment B) 2/1/2010</li> <li>Included dressing status in bedside rounding report to improve hand-off communication. (Attachment C) 2/1/2010</li> <li>Implemented utilization of an electronic reminder system for review of active orders at the beginning of each shift. (Attachment D) 9/1/2010</li> <li>Implemented utilization of specimen collection reminders on PCA hand off report tool (Attachment E) 8/1/2010</li> <li>Implemented weekly skin rounds to include prevalence and incidence of pressure ulcers (Attachment F) 2/1/2010</li> </ul>	9/1/2010
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LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Janice M. Hill* TITLE *Administrator* DATE *9/10/10*

A 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 disposable 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 diclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued from page 1.</p> <p>admission on 11/26/09 to 12/5/09 revealed there was no documentation of any dressings or wounds to the left foot. Review of the Nursing Assessments/Interventions flow sheet dated 12/6/09 documented a dressing was "removed" with wound location to the "left foot" with an appearance of "dry blisters." Review of a "Report of Consultation" dated 12/8/09 documented "...Apparently discovered to have skin bkdow [breakdown] L [left] heel, L [left] lat [lateral] foot, L [left] dorsal foot, L [left] Achilles from reported unchanged Kerlix reported applied for sprained ankle + [and] not removed."</p> <p>During an interview in the conference room on 8/25/10 at 11:15 AM, Nurse #3 stated the dressing was dated prior to Resident #10's admission to the skilled nursing unit.</p> <p>2. Medical record review for Resident # 3 documented an admission date of 8/11/10 with diagnoses of Status Post Hemiarthoplasty, Hypertension, Right Hip Fracture, Hyponatremia, Dyslipidemia, diverticuloses and Urinary Retention. Review of the physician's orders dated 8/11/10 documented, "...For prevention of DBT [Deep Vein Thrombosis]...Intermittent compression stockings..."</p> <p>Observation in Resident #3's room on 8/24/10 at 12:11 PM and 3:50 PM, revealed Resident #3 lying in bed without the intermittent compression stockings in place as ordered.</p> <p>During an interview in the Nurse Manager's Office on 8/25/10 at 1:50 PM, the Nurse Manager stated, "...Since they [Resident #3 and #5] are up we do not put the stockings on... We should have a doctors order..."</p> <p>3. Medical record review for Resident #5 documented an admission date of 8/17/10 with diagnoses of Right Arm Fracture, Subarachnoid Hemorrhage, Long Term Use Anticoagulant, History of Peripheral Vascular Disease, history of Deep Vein Thrombosis/Pulmonary Embolus, Chronic Atrial Fibrillation, and Coronary Artery Disease. Review of the physician's orders dated 8/17/10 documented, "...For prevention of DBT [Deep Vein</p>	F 309	<p><u>Education:</u></p> <ul style="list-style-type: none"> <li>• Provided education to nurses on review of dressings during bedside rounding report. (Attachment G)</li> <li>• Provided education to nurses on utilization of an electronic reminder system for review of active orders at the beginning of each shift. (Attachment H)</li> <li>• Provided training on Wound Care Part 1 to nurses through CE Direct (Attachment I)</li> <li>• Provided training on Wound Care Part 2 to nurses through CE Direct (Attachment I)</li> <li>• Provided education to nurses on "Save Our Skin" program which included "4 Eyes in 4 Hours" validation by 2 staff members of initial skin assessment (Attachment B)</li> <li>• Provided education to CNA on "Care of the Patients with Peripheral Arterial Disease" (Attachment J)</li> </ul> <p><u>Performance Improvement, Monitoring and Reporting:</u></p> <ul style="list-style-type: none"> <li>• Developed weekly skin rounds monitor (Attachment F)</li> <li>• Initiated admission documentation audit report from Horizon Electronic Documentation (HED). (Attachment K)</li> <li>• Implement monitoring of 30 bedside rounding report tools per month for compliance to wound care/dressing changes (Attachment L)</li> <li>• MDS Coordinator will review all patients with intermittent compression stockings and present weekly @ discharge planning meeting.</li> </ul>	<p>1/22/2010 100 % compliance</p> <p>9/9/2010 100% compliance</p> <p>9/10/2010 100 % compliance</p> <p>9/10/2010 100 % compliance</p> <p>9/3/2010 100 % compliance</p> <p>8/1/2010 100 % compliance</p> <p>2/1/2010 July 100% August 100%</p> <p>9/9/2010 100 % compliance</p> <p>9/14/2010</p>
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F 309	Continued from page 2.  Thrombosis]...Intermittent compression stockings..."  Observation in Resident #5's room on 8/23/10 at 2:15 PM, revealed Resident #5 lying in bed without the intermittent compression stockings in place as ordered.  During an interview in Resident #5's room on 8/24/10 at 8:20 AM, Resident #5 stated, "...She [Resident #5] has not worn them [the intermittent stockings] since she was in ICU [Intensive Care Unit]..."  During an interview in the Nurse Manager's Office on 8/25/10 at 1:50 PM, the Nurse Manager stated, "...Since they [Resident #3 and #5] are up we do not put the stockings on... We should have a doctor's order..."  4. Medical record review for Resident #6 documented an admission date of 8/9/10 with diagnoses that included Fractured left Femur, Congestive Heart Failure, Renal Insufficiency, Depression and Anemia. Review of the physician's order dated 8/17/10 documented an order for a urinalysis and a urine culture and sensitivity (UA with C&S). the facility was unable to provide laboratory results for the UA with C&S ordered on 8/17/10.			
F 371 SS = D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must -- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions.  This REQUIREMENT is not met as evidenced by: Based on policy review and observations, it was determined the facility failed to ensure food was stored off the floor and the walk-in cooler floor was clean of a spill in 1 of 4 (walk-in-cooler #1) food storage areas.	F 371	Actions taken are as follows: <u>Policy and Procedure Review:</u> <ul style="list-style-type: none"> <li>Food Storage Policy reviewed (Attachment L)</li> </ul> <u>Practice Changes:</u> <ul style="list-style-type: none"> <li>Developed food storage process (Attachment L)</li> <li>Implemented cleaning matrix to include cooler, freezer and storeroom on checklist. (Attachment M)</li> <li>Implemented CMS/Regulatory Checklist to be completed monthly (Attachment N)</li> </ul>	8/31/2010 8/31/2010 9/2/2010 9/3/2010

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F 371	<p>Continued from page 3</p> <p>The findings included:</p> <p>Review of the facility's "Food Storage Policy" documented, "...Procedure...1. Storage areas have open type shelving or pallets that are at least 6 inches off the floor and 12 inches below the ceiling. 2. Storage areas, refrigerators, and freezers are cleaned daily with disinfectant as necessary for cleanliness..."</p> <p>Observations of walk-in-cooler #1 on 8/23/10 at 9:30 AM revealed the following:</p> <p>a. A box of peeled potatoes stored on the floor.</p> <p>b. An opened container of single serving Thick and Easy had spilled on the floor.</p> <p>Observations of the right back corner of the walk-in-cooler #1 on 8/24/10 at 9:15 AM, revealed a carton of milk and a packet of cheese lying on the floor under a pallet.</p>	F 371	<p><u>Education:</u></p> <ul style="list-style-type: none"> <li>Education provided to Food Nutrition Services managers on F 371: Sanitation (Attachment O) 9/2/2010 100% compliance</li> <li>Food Nutritional Services staff educated on revised food storage process. (Attachment O) 9/2/2010 100% compliance</li> <li>Food Nutrition Services staff educated about cleaning matrix. (Attachment O) 9/2/2010 100% compliance</li> </ul>	
F 431 SS = D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>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.</p> <p>Drugs and biological 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 biological 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</p>	F 431	<p>Actions taken are as follows:</p> <p><u>Immediate Actions:</u> Head Nurse educated nurses present about safe and secure handling of medications. (Attachment P) 8/25/2010</p> <p><u>Policy and Procedure Review:</u></p> <ul style="list-style-type: none"> <li>Medication Prescribing, Ordering, and Transcribing Policy 8/31/2010</li> <li>Medication Administering and Monitoring Policy</li> <li>Safe/Secure Storage and Handling of Medications Policy (Attachment Q)</li> </ul> <p><u>Practice Changes:</u></p> <ul style="list-style-type: none"> <li>Assessed flow of resident rooms to facilitate medication pass process and reconfigured furniture in room to reflect above assessment. (Attachment R) 9/2/2010</li> <li>Bedside table placed near computer access to provide space for medication preparation (Attachment R) 9/2/2010</li> </ul>	

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F 431	<p>Continued from page 4.</p> <p>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, observations and interviews, it was determined the facility failed to ensure medications were under direct surveillance for 1 of 10 (Resident #3) sampled residents and Random Resident (RR) #1.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Review of the facility's "Safe/Secure Storage and Handling of Medications" policy documented, "...secured is to mean that all medications...are in locked containers, in a locked room, or are under constant surveillance..."</li> <li>Observations in Resident #3's room on 8/24/10 at 9:35 AM, revealed a unit dose medication packet labeled Clonidine 0.1mg laying on Resident #3's blanket at the foot of the bed (right side).</li> </ol> <p>During an interview at the high hall nurses station on 8/24/10 at 9:38 AM, Nurse #2 stated, "...I gave her [Resident #3] this [the Clonidine]..."</p> <ol style="list-style-type: none"> <li>Observations in RR #1's room on 8/25/10 at 8:50 AM, revealed Nurse #1 placed the Forteo injection on RR #1's overbed table. After administering RR #1's medication by mouth, Nurse #1 left the room and walked down the hall to the medication cart to obtain an injection cap. Nurse #1 left the Forteo injection of RR #1's overbed table. Nurse #1 came back into the room and administered the Forteo injection to RR #1. Nurse #1 did not keep the medication secured or under direct surveillance when leaving the room to obtain the injection cap.</li> </ol> <p>During an interview across from the Nurses' Station on the high hall on 8/25/10 at 1:20 PM, Nurse #1 confirmed she left the Forteo injection on RR #1's overbed table. Nurse #1 stated, "This was her medication she had taken at home and I really did not think it was a problem [leaving the Forteo medication at the bedside]."</p>	F 431	<p><u>Education:</u></p> <ul style="list-style-type: none"> <li>Education provided to nurses on Medication Administration Policy and Safe/Secure Storage and Handling of Medication policy to include bullet point process flow (Attachment S) 9/13/2010 (65 % as of 9/10/2010)</li> <li>Education provided to Skilled Nursing Facility staff regarding revised room set up.(Attachment T) 9/13/2010 (53.6% as of 9/10/2010)</li> <li>Education provided to Skilled Nursing Facility Environmental Services staff regarding revised room set up. (Attachment T) 9/8/2010 100% compliance</li> </ul> <p><u>Performance Improvement, Monitoring and Reporting:</u></p> <ul style="list-style-type: none"> <li>Increased observations of medication pass to 20/month and report to Skilled Nursing Facility Performance Improvement Committee quarterly (Attachment U) 9/10/2010 100 % compliance</li> <li>Conducted pharmacy inspection 9/10/2010</li> <li>Continue to conduct Pharmacy inspections monthly with report to Nurse Manager and report to Skilled Nursing Facility PI Committee quarterly. (Attachment V) 9/10/2010</li> </ul>	
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