

Division of Health Care Facilities

PRINTED: 11/10/11
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7905	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	RECEIVED NOV 22 2011	(X3) DATE SURVEY COMPLETED 11/08/2011
NAME OF PROVIDER OR SUPPLIER BAPTIST MEMORIAL HOSP-Memphis SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120		
(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

N 425	<p>1200-8-6-.04(16) Administration</p> <p>(16) Each nursing home shall post whether they have liability insurance, the identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims. It shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height and displayed at the main entrance.</p> <p>This rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to post whether they have liability insurance, their identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims and display this sign at the main public entrance on 2 of 2 (11/7/11 and 11/8/11) days of survey.</p> <p>The findings included: Observations at the skilled nursing facility's main public entrance on 11/7/11 and 11/8/11 revealed no signage posted at the main public entrance documenting whether the facility had liability insurance.</p> <p>During an interview in the conference room on 11/8/11 at 3:40 PM, the Administrator was asked if they had a sign posted documenting if they had liability insurance. The administrator stated, "...No, we don't have the liability insurance documentation posted on a sign..."</p>	N 425	<p>Actions taken are as follows:</p> <p>An 11"x17" Liability Statement was posted at the main entrance of the Baptist Memorial Hospital - Skilled Nursing Facility.</p> <p>The statement reads: Baptist Memorial Hospital, Inc., the entity that operates this facility, is self-insured and responsible for the payment of any claims.</p> <p>Attachment XIII</p> <p>Performance Improvement, Monitoring and Reporting:</p> <ul style="list-style-type: none"> The presence of the Liability Statement will be monitored by Administrator to maintain compliance. Results will be reported to the Skilled Nursing Performance Improvement Committee. 	<p>Completed 11/11/11</p> <p>Completion Date 12/8/11 Completion Date 12/8/11</p>
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Division of Health Care Facilities

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Daniel M. Huff* TITLE *Administrative* (x6) DATE *11/18/11*

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N 767	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>Tennessee Code Annotated 68-11-804©22: Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Based on observation and interview, it was determined the facility failed to ensure that food was served under sanitary conditions on 2 of 2 (11/7/11 and 11/8/11) days during kitchen observation.</p> <p>The findings included:</p> <p>Observations in the kitchen on 11/7/11 starting at 9:35 AM and on 11/8/11 starting at 11:50 AM, revealed 4 of 4 male dietary workers with facial hair were preparing food in the kitchen without wearing a beard/mustache restraint.</p> <p>During an interview in the hall outside the kitchen entrance on 11/8/11 at 12:00PM, the Dietary Manager confirmed the male dietary workers with facial hair were not wearing bear/mustache restraints.</p>	N 767	<p><u>Actions taken are as follows:</u></p> <p><u>Immediate Action:</u></p> <ul style="list-style-type: none"> Mustache and beard coverings were obtained and adorned. <p><u>Practice Change:</u></p> <ul style="list-style-type: none"> The Director of Food and Nutrition added mustache and beard coverings to the CMS/Regulatory Checklist that is completed monthly as a part of process monitoring. Attachment X Director of Food and Nutrition added mustache and beard coverings to the daily checklist that is turned into the Patient Services Dietary Manager for review. Attachment XI <p><u>Education:</u></p> <ul style="list-style-type: none"> The Director of Food and Nutrition will review mustache and beard covering requirements with staff during staff meetings. <p><u>Policy and Procedure Revision:</u></p> <ul style="list-style-type: none"> The Director of Food and Nutrition added mustache and beard coverings as a part of appropriate dress code and attire for kitchen staff in the Department Orientation Checklist. Attachment XII <p><u>Performance Improvement, Monitoring and Reporting:</u></p> <ul style="list-style-type: none"> The Director of Food and Nutrition will review of results of CMS/Regulatory Checklist monthly and report to the Skilled Nursing Facility Performance Improvement Committee quarterly. 	<p>Completed 11/9/11</p> <p>Completed 11/11/11</p> <p>Completed 11/18/11</p> <p>Completion Date 12/8/11</p> <p>Completed 11/18/11</p> <p>Completion Date 12/8/11</p>
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N 1345	<p>1200-8-6-.13(30)(a) Policies and Procedures for Health Care Decis</p> <p>(30) Universal Do Not Resuscitate Order (DNR).</p> <p>(a) The Physicians Order for Scope of Treatment (POST) form, a mandatory form meeting the provisions of the Health Care Decision Act and approved by the Board of Licensing Health Care Facilities, shall be used as the Universal Do Not Resuscitate Order by all facilities. A universal do not resuscitate order (DNR) may be issued by a physician for his/her patient with who he/she has a physician/patient relationship, but only:</p> <ol style="list-style-type: none"> 1. With the consent of the patient; or 2. If the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, upon the request of an with the consent of the agent, surrogate or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act; or 3. If the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order and the agent, surrogate, or other person authorized to consent on the patient's behalf under the Tennessee Health Care Decisions Act is not reasonably available, the physician determines that the provision of cardiopulmonary resuscitation would be contrary to accepted medical standards. <p>This rule is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to use the "Physicians Order for Scope of Treatment (POST) form" as the Universal Do Not Resuscitate Order for 10 of 10 (Residents #1, 2, 3,4,5,6,7,8,9 and 10) sampled residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Medical record review for Resident #1 documented an admission date of 10/26/11 with diagnoses of Encephalopathy, congestive heart Failure, Deep Vein Thrombosis Right Upper Extremity and Dementia. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 	N 1345	<p><u>Actions taken are as follows:</u></p> <p><u>Practice Change:</u></p> <ul style="list-style-type: none"> • The facility has begun to utilize the POST form as a Universal Do Not Resuscitate Order. Attachment XIV <p><u>Education</u></p> <ul style="list-style-type: none"> • Baptist Memorial Hospital – Skilled Nursing Facility Social Workers were educated on the use of the form. • Baptist Memorial Hospital Case Managers were educated on the use of the form. • The facility will educate the physicians on the use of the POST form. <p><u>Performance Improvement Monitoring and Reporting</u></p> <ul style="list-style-type: none"> • Director of Nurses will monitor compliance with use of POST form and report compliance to the Baptist Memorial-Hospital-SNF Performance Improvement Committee quarterly. 	<p>Completed 11/17/11</p> <p>Completed 11/17/11</p> <p>Completed 11/17/11</p> <p>Completion Date 12/8/11</p> <p>Completion Date 12/8/11</p>
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N 1345	<p>Continued From page 3</p> <ol style="list-style-type: none"> 2. Medical record review for Resident #2 documented an admission date of 6/21/11 with diagnoses of Septicemia, Stage III Sacral Decubitus, Diabetes Mellitus, Mass of Ovary, Hypothyroidism, Hypertension and Coronary Artery Disease. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 3. Medical record review for Resident #3 documented an admission date of 10/27/11 with diagnoses of Head and Neck Cancer, Respiratory Failure, Atrial Fibrillation and Vancomycin Resistant Enterococcus. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 4. Medical record review for Resident #4 documented admission date of 10/18/11 with diagnoses of Acute Sacral Osteomyelitis with Stage IV Sacral Decubitus, Urinary Tract Infection, Paraplegia, Chronic Obstructive Pulmonary Disease, Sepsis and Anemia. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 5. Medical record review for Resident #5 documented admission date of 9/2/11 with diagnoses of Seizure Disorder, Hypertension, Diabetes Mellitus, Chronic Renal Failure, Mental Status Change and Sacral Decubitus. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 6. Medical record review of Resident #6 documented admission date of 10/27/11 with diagnoses of Osteopenia, Hypertension, Right Flank Pain, Left Lower Back Pain, Deconditioned Flank and Thoracic 7 Healing Compression Fracture. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 7. Medical record review of Resident #7 documented admission date of 10/24/11 with diagnoses of End Stage Renal Disease, Subdural Hematoma, Hypertension and Anemia. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order. 			
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N 1345	<p>Continued From page 4</p> <p>8. Medical record review for Resident #8 documented an admission date of 10/25/11 with diagnoses of Infected Nonhealing Wounds to the Left Lower Extremity, Diabetes Mellitus, Hypertension, Anemia, Critical Ischemia of Left Lower Extremity and Deconditioning. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order.</p> <p>9. Medical record review for Resident #9 documented an admission date of 10/21/11 with diagnoses of Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Hypertension and Arthritis. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order.</p> <p>10. Medical record review for resident #10 documented an admission date of 9/22/11 with diagnoses of Cryptococcosis, Encephalopathy, Acute Kidney Failure, Dysphagia and Failure to Thrive. Review of the medical record failed to document the POST form as the Universal Do Not Resuscitate Order.</p> <p>11. During an interview in the Director of Nursing's office on 11/8/11 at 3:40 PM, the Social Worker (SW) was asked if they used the POST form. The SW stated, "...No, we don't use the POST form..."</p>		<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">NOV 11 2011</p>	
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