

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

RECEIVED

PRINTED: 08/17/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2010
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NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
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F 278 SS=D	<p>483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and an interview, it was determined the facility failed to ensure the Minimum Data Set (MDS) was accurate for side rails for 1 of 13 (Resident #13) sampled residents.</p>	F 278	<p>F278 483.20(g)(j) assessment Accuracy/coordination/certified</p> <p>Requirement: The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p>	8/20/2010
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Accurate POC 8/27/10 JPPHNCZ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George Munchow</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8-27-10</i>
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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 278	Continued From page 1 The findings included: Medical record review for Resident #13 documented an original admission date of 3/17/05 with diagnoses of Obesity, Diabetes, Hypothyroidism, Cerebrovascular Accident, Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, Seizure Disorder and Congestive Heart Failure. Review of the MDS completed on 8/4/10 documented, "...Full bed rails on all open sides of bed...use daily..." Observations in Resident #13's room on 8/10/10 at 5:20 PM, revealed Resident #13 was eating supper in bed with the head of bed elevated and both upper half side rails raised. The lower half side rails were down. Observations in Resident #13's room on 8/11/10 at 1:45 PM, revealed Resident #13 lying in bed with both half upper side rails raised. The lower half side rails were down. During an interview in Resident #13's room on 8/11/10 at 1:45 PM, Resident #13 stated, "I don't use the bottom rails." During an interview in the MDS Coordinator's office on 8/11/10 at 3:05 PM, the MDS Coordinator #1 stated, "...I thought she [Resident #13] used them [full side rails] at night..."	F 278	Corrective Action: 1. Resident #13 assessed by the DON on 8/11/2010 for side rail need. The MDS was updated to reflect 1/2 side rails on 8/13/10. 2. All charts were audited for accuracy of side rails on MDS on 8/14/10 by DON. 3. MDS Coordinator was in serviced by DON on 8/13/10 insure accuracy of side rails coding on MDS. 4. The QA committee, including the DON, ADON and MDS Coordinator will audit charts monthly for compliance with proper MDS coding of side rails.	
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.	F 280		

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F 280	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observations and an interview, it was determined the facility failed to revise the comprehensive care plan to reflect the current status for 1 of 13 (Resident #8) sampled residents.</p> <p>The findings included:</p> <p>Medical record review for Resident #8 documented an admission date of 4/30/03 with diagnoses of Hypertension, Arthritis, Cardiovascular Disease, Osteoporosis, Alzheimer's Disease, Parkinson's, Anxiety, Asthma, Depression, Hydrocephalus with Shunt, Gastroesophageal Reflux Disease and Hyponatremia. Review of Resident #8's comprehensive care plan dated 1/25/10 documented, "...adhere to food preferences on Pureed diet with Nectar thick fluids... Encourage 75- [to] 100% [percent] meal intake daily..."</p>	F 280	<p>F280 483.20(d)(3); 483.10(k)(2) Right to participate planning care- Revise CP</p> <p>Requirement: 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.</p> <p>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</p> <p>Corrective Action: 1. Resident #8 care plan reviewed and updated to reflect pleasure tray on 8/13/10. 2. MDS Coordinator will insure accuracy of pleasure tray coding on care plan. 3. MDS in serviced by DON on 8/13/10 to reflect pleasure tray accuracy to the care plan on 8/14/10. 4. The QA Committee, including DON, ADON and MDS Coordinator will audit charts monthly for compliance with accurate care plans for pleasure tray.</p>	8/20/2010
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F 280	<p>Continued From page 3</p> <p>Review of a physician's progress note dated 2/3/10 documented, "...she [Resident #8] does aspirate when she eats and that is why we have a PEG [Percutaneous Tube Feeding] tube in place..." Review of a physician's order dated 4/30/10 documented, "Pudding consistency food. May have soup when daughter request and is present." Review of patient monthly summary dated 7/27/10 documented, "...pleasure feeding - pudding consistency... tube fed... Change in eating habit/ability... increase asp. [aspiration] with po [oral]..."</p> <p>Observations in the dining room on 8/10/10 at 7:50 AM, revealed Resident #8 took one bite of oatmeal and began coughing.</p> <p>Observations in the dining room on 8/10/10 at 12:30 PM, revealed Resident #8 accepting several bites of lunch and nectar thickened liquids. Resident #8 coughed and gagged throughout the meal.</p> <p>During an interview in the sun room on 8/11/10 at 11:15 AM, Nurse #1 stated, "...I have trained staff to stop the feeding when she is coughing or gagging during meals... They [staff] should redirect her that it isn't safe to eat when you are coughing..."</p>	F 280		8/20/2010
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F 328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care;</p>	F 328		
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F 328	<p>Continued From page 4</p> <p>Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record reviews, observations and interviews, it was determined the facility failed to administer oxygen at the physician's prescribed rated for 3 of 9 (Residents #3, 10 and 11) sampled residents receiving oxygen.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #3 documented an admission date of 5/19/09 with diagnoses of Congestive Heart Failure, Depression, Dementia, Hypertension, Diabetes Mellitus, and Chronic Obstructive Pulmonary Disease. The physician's order dated 7/7/10 documented "O2 [oxygen] at 2 L [liters] / [per] MIN [minute] BNC [binasal canula]."</p> <p>Observation in Resident #3's room on 8/9/10 at 9:55 AM and 3:45 PM and on 8/11/10 at 11:20 AM, revealed Resident #3's O2 rate was set at 2.5 L/M.</p> <p>Observation in Resident #3's room on 8/10/10 at 2:20 PM, revealed Resident#3's O2 rate was set at 3 L/M.</p> <p>During an interview in Resident #3's room on 8/11/10 at 11:20 AM, Certified Nursing Assistant (CNA) #1 was asked to look at the oxygen concentrator setting. CNA #1 stated, "It [oxygen flow rate] is halfway between 2 and 3."</p>	F 328	<p>F328</p> <p>483.25 (k) Treatment/Care for special needs</p> <p>Requirement: The facility must insure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Corrective Action: 1. Resident #3, #10, #11 Assessed for O2 accurate delivery on 8/13/10. 2. All O2 dependent patients Assessed for accurate O2 rates by ADON, Staff Coordinator on 8/13/10. 3. Nurses were in serviced on 8/13/10 by DON on proper technique for observing rates on concentrators and E tanks to assure accurate orders being delivered. 4. The QA committee including Risk Management will observe for compliance on daily QA rounds.</p>	
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F 328	<p>Continued From page 5</p> <p>2. Medical record review for Resident #10 documented an admission date of 7/23/09 with diagnoses of Dehydration, Arthritis, History of Cerebral Vascular Accident, Hypertension, Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. Physician's order dated 7/14/10 documented "O2 at 2L/M PER NC [nasal canula] CONTINUOUS."</p> <p>Observations in Resident #10's room on 8/9/10 at 9:08 AM, revealed Resident #10 with her binasal canula on and the oxygen flow rate was not on.</p> <p>During an interview in Resident #10's room on 8/9/10 at 9:08 AM, Nurse #1 stated, "It [oxygen flow rate] is supposed to be on 2 [L/M]."</p> <p>3. Medical record review for Resident #11 documented an admission date of 5/17/10 with diagnoses of Depression, Dementia, Cerebral Vascular Accident, Hypertension, Pneumonia and Chronic Obstructive Pulmonary Disease. The physician's order dated 7/19/10 documented "O2 @ [at] 2L/ NC continuously."</p> <p>Observations in the dining room on 8/10/10 at 5:18 PM, revealed Resident #11 with her binasal canula on, hooked to an oxygen tank and the oxygen flow rate was not on.</p> <p>During an interview in the dining room on 8/10/10 at 5:30 PM, the Director of Nursing stated, "...it [oxygen] just wasn't on..."</p>	F 328		
F 333 SS=D	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p>	F 333		

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F 333	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and an interview, it was determined the facility failed to ensure 1 of 14 (Random Resident #1) residents were free from a significant medication error when they failed to follow a physician's order to obtain a pulse and blood pressure prior to administration of the medication Hydralazine.</p> <p>The findings included:</p> <p>Medical record review for Random Resident (RR) #1 documented documented an admission date of 1/20/06 with diagnoses of Hypertension, Cardiomyopathy, Hyperlipidemia, Renal Disease, Gastroesophageal Reflux Disease, Diabetes Mellitus Type 2 and Chronic Obstructive Pulmonary Disease. A physician's order dated 7/16/10 documented "...16) Hydralazine 50 mg [milligram] po [by mouth] BiD [two times a day] Hold [Hydralazine if] HR [heart rate] > [greater than] 110 SBP [Systolic Blood Pressure] < [less than] 120)..."</p> <p>Observations in RR #1's room on 8/9/10 at 4:30 PM, revealed Nurse #2 administered Hydralazine 50 mg without checking RR #1's heart rate or blood pressure prior to administration of Hydralazine as ordered.</p> <p>During an interview at the nurses' station on 8/10/10 at 3:10 PM, Nurse #2 was asked about the blood pressure and pulse parameter in the physician's orders. Nurse #2 stated, "...I did not take her vital signs..."</p>	F 333	<p>F333 483.25(m)(2) Residents free of significant med errors</p> <p>Requirement: The facility must insure that residents are free of any significant medication errors.</p> <p>Corrective Action: 1. Resident #1 assessed for BP and Pulse. MD notified on 8/13/10. 2. DON, Risk Management, Medical Records Nurse audited medication administration record for accuracy on 8/14/10. 3. Nurses were in serviced by DON on 8/13/10 on proper protocol for medication monitoring prior to administration. 4. QA committee including DON and ADON will monitor for continued compliance with monitoring and documentation prior to drug administrations through QA audits weekly.</p>	8/20/2010
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