

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

PRINTED: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445481	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2015
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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660
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(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
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F 000 F 278 SS=D	<p>INITIAL COMMENTS</p> <p>A MDS Focus Survey was completed at Asbury Place of Kingsport on July 13-15, 2015. A deficiency was cited under 42 CFR Part 483, Requirements for Long Term Care Facilities, 483.20(c) - (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</p>	F 000 F 278	<p>1. What corrective action(s) will be accomplished for the residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> - Resident #number 2's MDS's dated 1-20-15 and 4-22-15 were amended to reflect Diabetes as an active diagnosis. Both MDS's were resubmitted on 7-29-15. - Resident number 3's MDS's dated 5-13-15 and 5-31-15 were amended to reflect no indwelling Foley catheter. Both were resubmitted on 7-29-15 	7-29-15
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Charlotte H. Cochran* TITLE *Administrator* (X6) DATE *Revision Date 8/19/15*

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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NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660		
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F 278	<p>Continued From page 1</p> <p>by: Based on medical record review and interview, the facility failed to accurately complete Minimum Data Set (MDS) assessments of 2 residents (#2, #3) of 10 residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 1/8/15 with diagnoses including Osteomyelitis, Peripheral Vascular Disease, Anemia, Decubitus Ulcer, Lower Extremity Ulcers and Diabetes.</p> <p>Medical record review of the Care Plan, Medication Administration Records, Nursing Notes, Physician Progress Notes and Wound Notes revealed the resident received daily assessment and treatment for Diabetes and multiple wounds.</p> <p>Medical record review of the Comprehensive Minimum Data set (MDS) dated 1/20/15 revealed section I, 12900 Diabetes was not marked as an active diagnosis.</p> <p>Medication record review of the Quarterly MDS dated 4/22/15, revealed section I, 12900 Diabetes was not marked as an active diagnosis.</p> <p>Interview with the wound nurse on 7/13/15 at 2:00 pm, in the reflections room, revealed the resident continued to receive daily treatment of wounds and diabetes.</p> <p>Interview and review of the 1/20/15 and 4/22/15 MDS documents with the MDS Coordinator, on 7/14/15 at 10:30 am, in the reflections room, confirmed the facility had failed to accurately document the resident's Diabetes on both the</p>	F 278	<p>2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> - A list of all residents with a diagnosis of Diabetes was pulled and checked against their MDS to verify diagnosis accuracy on 7-30-15. - One new resident was found to have Diabetes on care plan but not on MDS. MDS corrected prior to submission. - A list of all residents with Foley catheters was pulled and their MDS's were checked for accuracy on 7-30-15. - No inaccuracies found. 	7-30-15	

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F 278	<p>Continued From page 2 1/20/15 and 4/22/15 MDS.</p> <p>Medical record review revealed Resident #3 was admitted to the facility on 2/16/15 with diagnoses including Fracture Dorsal Vertebra - Closed, Aftercare Trauma Fracture Bone, Congestive Heart Failure, Hypertension, Coronary Artery Disease, and Peripheral Neuropathy.</p> <p>Medical record review of a Physician's Order dated 2/23/15 revealed "...bladder training X (times) 24 hours... D/C (discontinue) foley (indwelling catheter)..."</p> <p>Medical record review of a Clinical Notes Report dated 2/24/15 revealed "...resident going thru bladder training started at 20:30 on 2-23-15 ends at 2-24-15, then foley is to be removed..."</p> <p>Medical record review of the 90 day MDS dated 5/13/15 and the Quarterly MDS dated 5/31/15 revealed an indwelling catheter was coded.</p> <p>Interview with the MDS Coordinator on 7/14/15, at 3:40 PM, in the Reflections Room, confirmed the indwelling catheter was removed on 2/24/15; and was coded inaccurately on the MDS assessments dated 5/13/15 and 5/31/15.</p>	F 278	<p>3. What measures will be put in place or what systematic changes will you make to ensure the deficient practice does not recur?</p> <p>The MDS staff will be retrained on coding accuracy of MDS by the Asbury Communities Corporate Clinical Reimbursement Coordinator by 8-5-15.</p> <p>4. How will the corrective action be monitored to ensure the deficient practices will not recur, i. e., what quality assurance program will be put into place?</p> <p>The Director of Nursing and/or Nursing Supervisors will perform MDS/chart review audits: 8 per week x 8 weeks, then 4 per week x 4 weeks. The results will be reviewed at the Quality Assurance Committee meeting at least quarterly.</p>	8-5-15
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