

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MVA, TITLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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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)	COMPLETION DATE
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F 224: Continued From page 1

Fibrillation (Irregular Heart Rate), and Encephalopathy (Abnormal Brain Function). The resident was discharged on December 26, 2014.

Medical record review of the Discharge Minimum Data Set (MDS) dated October 5, 2014, and the Annual MDS dated December 16, 2014, revealed the resident had moderately impaired cognitive skills for daily decision making.

Review of a facility investigation dated December 2, 2014, revealed "...Date of Occurrence: 12/2/14... Resident reported to RN [Registered Nurse] (Assessment) Nurse that [resident] was afraid of the 'short, fat, blonde nurse.' (Resident) stated the 'nurse' fussed [at] [resident]. The RN (Assessment) Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] [with] care. The RN [Assessment] Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident... Summary of interview with resident: The resident reported the CNA [named] has threatened [resident], poked [resident] in the back with...finger, told [resident]...wishes [resident] would die [and] told [resident]...doesn't like [resident]... Summary of investigator's findings; investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating 'You have made a mess,' and 'you are going to be up in your w/c [wheelchair] all night'..."

Review of the statement obtained by the facility from RN Assessment Nurse #1 dated December 2, 2014, revealed "...Overheard [resident] #87 calling out. Went into room and there was odor of BM [Bowel Movement]... When I informed [resident] #87 that I would get some help [resident] #87 stated 'Don't get the short/fat one.'"

F224 F224-
Affected Resident

Resident #87 was interviewed by the Social Services Director on 12/2/14 regarding this Resident's concern with a staff member. Resident #87 stated "preferred that staff person not work with (Resident #87) again".

C.N.A. #1 was suspended on 12/2/14 by the DON pending investigation of allegation of verbal abuse by Resident #87. After investigation, abuse was substantiated and C.N.A. #1's employment was terminated on 12/9/14 by the DON. RN Assessment Nurse #1 was counseled on 12/2/14 by the Administrator regarding the need to intervene immediately when a staff member sees or hears abuse/neglect, even when only suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to immediate Supervisor. The Administrator's employment was terminated on 1/19/15.

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE: JOHNSON CITY, TN 37601
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F 224; Continued From page 2

[Resident #87] could not tell me the name of the person [the resident] was afraid of. The CNA on the hall was informed of [resident #87] I need...When informed (CNA#1) stated 'it shouldn't have to be this way.' [CNA#1] entered the room, I waited outside the door. The CNA was short with the resident...asked [resident] why...was playing 'in it, I was unable to hear [resident #87] reply...[CNA#1] made other statements such as 'get your foot out of it' and 'You've made a mess of the floor mat...At one time it sounded like (CNA#1) told [resident]...was going to be up in...we all night..."

Medical record review of the Social Service Progress Notes dated December 2, 2014, revealed "...This writer spoke to resident to review concern that resident had with staff member. Resident...stated...preferred that staff person to not work with [resident #87) again..."

Review of a statement written by CNA #1 on December 5, 2014, revealed the CNA denied any physical or verbal abuse toward the resident. Further review revealed, after completing all care for resident #87, "...When I came out of the room [staff member] was standing there and we spoke...I went on to the next person that's when [Assistant Director of Nursing/ADONJ told me that they needed to speak to me when I finished. After finishing I went up the hall and [ADONJ called me into the office where [Administrator, DON (Director of Nursing), ADONJ were, (Administrator) informed that (resident #87) had stated that [resident] was afraid of me. that I was suspended upon completing an investigation..."

Review of the resident's statement obtained by

F224 F224 cont. The Administrator was subsequently replaced on 1/19/15. Upon further review by the current Administrator, RN Assessment Nurse #1's employment was terminated on 2/4/14 for failure to follow Facility Abuse Policy.

Potential Residents Affected
All facility Residents have the potential to be affected by this practice. On 1/13/15, the Social Services Director reviewed current grievance/concern log. It was determined that any allegation of abuse was investigated per Facility Abuse Policy. Beginning 2/3/15, all facility Residents were interviewed by the DON, Administrator, and Nurse Consultant regarding issues of staff being rude, speaking in a demeaning way, or any staff-conduct that could be construed as abuse by the Resident.

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE; JOHNSON CITY, TN 37801	
(X4) 101 PREFIX TAG :	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDE \$ PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE

F 224) Continued From page 3

; the facility from the DON dated December 5, 2014, revealed "... Spoke with resident... on 12/13/2014 regarding concern from 12/2/14. Resident states that CNA [named CNA #1] is mean... pokes [resident] in the back... tells [resident]... doesn't like her and fusses at [resident] when [CNA#1] has to clean [resident] up..."

Medical record review of a Psychiatric Progress Note dated December 8, 2014, revealed "... [Patient] readily recalled events with CNA whom [resident] feared, and events were consistent with what [resident] told staff..."

: Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "... The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion... Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability... Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident... Protection... Intervene immediately when you see abuse or neglect, even when you just suspect it, by telling the perpetrator to stop... they should immediately be separated from the Resident..."

: Interview on January 12, 2015, at 4:00p.m., with RN Assessment Nurse #1, in the conference room, confirmed the resident's call light was on and, when RN Assessment Nurse #1 went into the room, the resident stated had a bowel movement. The RN Assessment Nurse #1 sent CNA #1 in to clean the resident. RN Assessment

F224) F224 cont. If the Resident was unable to participate in this interview, the Resident's family was interviewed by the Administrator. These interviews were completed on 2/5/15. The results from these Resident and Family Interviews were positive with no concerns voiced from Residents or families of staff-conduct that could be construed as abuse.

In-services were initiated on 12/1/14 and 12/5/14 by the DON for facility Administrative and Direct Care Staff regarding the Facility Abuse Policy. Education included protecting facility-residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when it is just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the Immediate Supervisor to initiate an investigation.

Ev nt 10:3WY5111

F-City 10:TN8003

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F 224	<p>Continued From page 4</p> <p>Nurse #1 overheard CNA #1 being "short" with the resident. Continued interview with RN Assessment Nurse #1 confirmed CNA #1 was the CNA as described by the resident, but did not consider it abusive, "more...tone", and the RN Assessment Nurse #1 reported CNA #1 immediately to the Administrator.</p> <p>Interview on January 13, 2015, at 8:35a.m., with RN Assessment Nurse #1, in the conference room, confirmed RN Assessment Nurse #1 stayed outside of the resident's room when CNA #1 entered the room because of the comments resident #87 had made.</p> <p>Interview on January 13, 2015, at 9:00a.m., with the DON in the conference room, confirmed the resident was able to tell the DON the CNA's name when interviewed, and confirmed the facility failed to protect the resident from verbal abuse when the resident made an accusation of abuse, the accused CNA was sent into the resident's room, and the RN did not intervene.</p> <p>c/o #35165 F 226 483.13(c) DEVELOP/IMPLMENT SS "G" ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced</p>	F224	<p>F224 cont.</p> <p>Systematic Change</p> <p>A mandatory Staff Meeting was held on 1/23/15 by the Administrator and Director of Social Services for Administrative and Direct Care Staff addressing the Facility Abuse Policy. Education included protecting facility-residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting it to the immediate Supervisor to initiate an investigation. This in-service was repeated on 2/6/15 by the Administrator to ensure all Administrative and Direct Care Staff are educated on the Facility Abuse Policy.</p>

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	<p>F226 Continued From page 5</p> <p>Based on medical record review, review of facility investigation, review of the facility policy, and interview, the facility failed to investigate an injury of unknown origin for one resident (#11) and failed to follow the abuse policy for one resident (#87) of five residents reviewed for abuse, of thirty-three residents reviewed, resulting in physical harm to resident #11 and psychological harm to resident #87.</p> <p>The findings included:</p> <p>Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease (group of conditions that affect the circulation of blood to the brain). Further review revealed the resident had Thyroid Disease and contractures to all four extremities.</p> <p>Medical record review of a nurse's note dated October 7, 2014, at 5:00 p.m., revealed "...R [right] ext (extremity) swollen upper knee; swollen...upon palpation to right extremity resident with moaning and facial grimacing-NP [nurse practitioner] notified-NO [new order]...to obtain X-Ray (R) knee and (R) femur..."</p> <p>Medical record review of a Radiology Interpretation dated October 7, 2014, revealed "...Right Hip...findings: a comminuted fracture fracture in which the bone is broken in several places or is shattered, creating numerous fragments] is present in the femoral neck and intratrochanteric region...there is a displacement of the greater trochanter..."</p>		<p>F224 cont: Newly-hired employees will be educated during their orientation period by the Director of Social Services regarding the Facility Abuse Policy. Orientation education will include protecting facility-residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the immediate Supervisor to initiate an investigation.</p> <p>A Mandatory Staff Meeting for all staff will be conducted by the Administrator on a Quarterly basis throughout the year reviewing the Facility Abuse Policy.</p>

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F 226 | Continued From page 2

Review of an Orthopedic consult dated October 7, 2014, revealed, "...nursing home resident with (R) Intertrochanteric hip fracture, non-ambulatory previously. She does have bilateral lower and upper extremity contractures...unsure of mechanism of injury..."

Interview on January 13, 2015, at 2:48 p.m., with Licensed practical nurse (LPN) #3, in the conference room, revealed the LPN was notified of the change in resident condition by the resident's son at 5:00 p.m., on October 7, 2014. Continued interview revealed the LPN did not notice any changes on the prior assessments completed at 10:00 a.m. and 2:00 p.m.

Interview and medical record review with the facility Medical Director on January 14, 2015, at 12:02 p.m., in the bookkeeping office, revealed the resident was at increased risk for a fracture due to age and medication use (no specific medication given), and a fracture could have occurred when the resident was repositioned or moved.

Review of the facility policy Abuse Protocol, last reviewed April 2014, revealed "...The facility will attempt to identify and proactively correct situations in which abuse is possible..."

Interview and review with the Administrator and Regional Nurse Consultant on January 14, 2015, at 2:25 p.m., in the bookkeeping office, confirmed the injury was not investigated as an injury of unknown origin.

Resident #87 was readmitted to the facility on October 14, 2014, with diagnoses including Dysphagia, Atrial Fibrillation, and

F224 cont:

Monitoring

A Focus Quality Assurance Performance Improvement Meeting was held on 2/6/15 by the Facility Administrator and the Medical Director to address the results of the most recent survey findings to ensure appropriate steps are taken to remedy these issues.

In addition to the Facility Administrator and Medical Director, the following were also in attendance, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry Director, Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director.

A second Focus Quality Assurance Performance Improvement Meeting was held on 2/13/15 by the Facility Administrator to review audits conducted from survey findings to assure compliance.

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 105 W ST MYRTLE AVENUE JOHNSON CITY, TN 37601		
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F 226	Continued From page 7 Encephalopathy. The resident was discharged on December 28, 2014, Review of a facility investigation dated December 2, 2014, revealed "...Date of Occurrence: 12/2/14. Resident reported to RN [Registered Nurse][Assessment] Nurse that [resident] was afraid of the 'short, fat, blonde nurse.' [Resident] stated the 'nurse' fussed [at] [resident]. The RN [Assessment] Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] [with] care. The RN (Assessment) Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident. Summary of interview with resident: The resident reported the CNA (named) has threatened [resident], poked [resident] in the back with...finger, told [resident]...wishes [resident] would die [and] told [resident]...doesn't like [resident]...Summary of Investigator's findings: Investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating 'You have made a mess,' and 'you are going to be up in your w/c [wheelchair] all night!..." Review of the resident's statement obtained by the facility from the Director of Nursing (DON) dated December 5, 2014, revealed "...spoke with resident...on 12/3/2014 regarding concern from 12/2/14. Resident states that CNA [named CNA #1] is mean...pokes [resident] in the back...tells [resident]...doesn't like her and fusses at [resident] when (CNA #1) has to clean [resident] up..." Medical record review of a Psychiatric Progress Note dated December 8, 2014, revealed "... (Patient) readily recalled events with CNA whom [resident] feared, and events were consistent with		F224 cont: This Focus QAPI Meeting was attended by the Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry Director, Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director. Results of the audits performed addressing issues from most recent survey were determined to be at 100% compliance as of 2/13/15. Resident grievances/concerns are discussed daily in the Department Head Meetings Monday through Friday morning. Charge Nurse is to notify Administrator immediately on the weekend should an allegation of suspected abuse occur. As is the facility's current practice, an investigation will be conducted immediately by the Administrator upon becoming aware of an allegation of staff-conduct that could be construed as abuse by facility Residents.		

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F 226 Continued From page 8
what [resident] told staff..."

Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "...The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion...Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability...Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident...Protection...Intervene immediately when you see abuse or neglect, even when you just suspect it, by telling the perpetrator to stop...they should immediately be separated from the Resident..."

Interview on January 13, 2015, at 9:00a.m., with the DON, in the conference room, confirmed the resident was able to tell the DON the CNA's name when interviewed, and confirmed the abuse policy was not followed when the resident made an accusation of abuse, the CNA was sent into the resident's room, and the RN did not intervene when overhearing the conversation.

Refer to F224

c/o #35165 and #35253

F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

F224 cont: Beginning 2/6/15, residents will be interviewed, via the QIS Process, by the Interdisciplinary Team during their Quarterly MDS Assessment Review regarding any issues of staff being rude, talking in a demeaning way, or any staff-conduct that could be construed as abuse by the Resident. If the Resident is unable to participate in this interview, the Resident's family will be interviewed by the Director of Social Services during this Quarterly Review. The Interdisciplinary Team consists of the MDS Nurse Coordinator, Director of Social Services, Director of Activities, and the Director of Dietary Services. The results of these interviews will be presented by the MDS Coordinator to the monthly Quality Assurance Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then conducted quarterly. The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance.

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F 2821 Continued From page 9

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to follow the care plan for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in physical harm to resident #11.

The findings included:

Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease.

Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.

Medical record review of the resident's Care Plan dated August 29, 2014, revealed "...Problem... (resident) continues to be at risk for falls due to poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 2 staff..."

Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed]. Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."

Medical record review of a Physician telephone

F224 cont: The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping /Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.

02/13/15

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F 224¹ Continued From page 4

Nurse #1 overheard CNA #1 being "short" with the resident. Continued interview with RN Assessment Nurse #1 confirmed CNA #1 was the CNA as described by the resident, but did not consider it abusive, "more...tone", and the RN Assessment Nurse #1 reported CNA #1 immediately to the Administrator.

Interview on January 13, 2015, at 8:35a.m., with RN Assessment Nurse #1, in the conference room, confirmed RN Assessment Nurse #1 stayed outside of the resident's room when CNA #1 entered the room because of the comments resident #87 had made.

Interview on January 13, 2015, at 9:00a.m., with the DON in the conference room, confirmed the resident was able to tell the DON the CNA's name when interviewed, and confirmed the facility failed to protect the resident from verbal abuse when the resident made an accusation of abuse, the accused CNA was sent into the resident's room, and the RN did not intervene.

c/o#35165
F 226 483.13(c) DEVELOP/IMPLMENT
SS'G | ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced

F226-
Affected Resident(s)

An investigation was initiated on 10/4/14 by the facility Administrative Staff into facts surrounding the origin of Resident #11's injury. C.N.A. #1 was suspended on 12/2/14 by the DON pending investigation of allegation of verbal abuse by Resident #87. After investigation, abuse was substantiated and C.N.A #1's employment was terminated on 12/9/14 by the DON.

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, L.L.C	STREET ADDRESS, CITY, STATE, ZIP CODES 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 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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F226 Continued From page 5

Based on medical record review, review of facility investigation, review of the facility policy, and interview, the facility failed to investigate an injury of unknown origin for one resident (#11) and failed to follow the abuse policy for one resident (#87) of five residents reviewed for abuse, of thirty-three residents reviewed, resulting in physical harm to resident #11 and psychological harm to resident #87.

The findings included:

Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease (group of conditions that affect the circulation of blood to the brain). Further review revealed the resident had Thyroid Disease and contractures to all four extremities.

Medical record review of a nurse's nota dated October 7, 2014, at 5:00 p.m., revealed "...R [right] ext (extremity) swollen upper knee; swollen...upon palpation to right extremity resident with moaning and facial grimacing-NP [nurse practitioner] notified-NO [new order]...to obtain X-Ray (R) knee and (R) femur..."

Medical record review of a Radiology Interpretation dated October 7, 2014, revealed "...Right Hip...findings: a comminuted fracture fracture in which the bone is broken in several places or is shattered, creating numerous fragments is present in the femoral neck and intratrochanteric region...there is a displacement of the greater trochanter..."

F2261

F226 cont: RN Assessment Nurse #1 was counseled on 12/2/14 by the Administrator regarding the need to intervene immediately when staff sees or hears abuse/neglect, even if just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident.

The Administrator's employment was terminated on 1/19/15. The Administrator was subsequently replaced on 1/19/15. Upon further review by the current Administrator, RN Assessment Nurse #1's employment was terminated on 2/4/14 for failure to follow Facility Abuse Policy.

Potential Residents Affected

All facility Residents have the potential to be affected by this practice. Occurrence Reports for the past 3 months were reviewed by the DON on 2/3/15 to ensure the facility is currently aware of origin for all Resident-injuries.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING 6.WJMG	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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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) COMPLETE DATE
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F 228 | Continued From page 2
 Review of an Orthopedic consult dated October 7, 2014, revealed, "...nursing home resident with (R) intertrochanteric hip fracture, non-ambulatory previously. She does have bilateral lower and upper extremity contracture...unsure of mechanism of injury..."

Interview on January 13, 2015, at 2:48 p.m., with Licensed practical nurse (LPN) #3, in the conference room, revealed the LPN was notified of the change in resident condition by the resident's son at 5:00 p.m., on October 7, 2014. Continued interview revealed the LPN did not notice any changes on the prior assessments completed at 10:00 a.m., and 2:00 p.m.

Interview and medical record review with the facility Medical Director on January 14, 2015, at 12:02 p.m., in the bookkeeping office, revealed the resident was at increased risk for a fracture due to age and medication use (no specific medication given), and a fracture could have occurred when the resident was repositioned or moved.

Review of the facility policy Abuse Protocol, last reviewed April 2014, revealed "...The facility will attempt to identify and proactively correct situations in which abuse is possible..."

Interview and review with the Administrator and Regional Nurse Consultant on January 14, 2015, at 2:25 p.m., in the bookkeeping office, confirmed the injury was not investigated as an injury of unknown origin.

Resident #87 was readmitted to the facility on October 14, 2014, with diagnoses including Dysphagia, Atrial Fibrillation, and

F 228 | F226 cont: Per this review, facility is aware of origin of all Resident-Injuries.

Beginning 2/3/15, all facility Residents were interviewed by the DON, Administrator, and Nurse Consultant regarding issues of staff being rude, speaking in a demeaning way, or any staff-conduct that could be construed as abuse by the Resident. If the Resident was unable to participate in this interview, the Resident's family was interviewed by the Administrator. These interviews were completed on 2/5/15. The results from these Resident and Family interviews were positive with no concerns voiced from Residents or families of staff-conduct that could be construed as abuse.

In-services were initiated on 12/1/14 and 12/5/14 by the DON for facility Administrative and Direct Care Staff addressing the Facility Abuse Policy. This in-service addressed the need for the facility to attempt to identify origin of any resident injuries and proactively correct situations in which abuse is possible. If unsuccessful, the injury must be investigated as an injury of unknown origin.

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 106 W ST MYRTLE AVENUE JOHNSON CITY, TN 37601
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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 226 Continued From page 7
Encephalopathy. The resident was discharged on December 26, 2014,

Review of a facility investigation dated December 2, 2014, revealed "...Date of Occurrence: 11/2/14. Resident reported to RN [Registered Nurse] [Assessment] Nurse that [resident] was afraid of the 'short, fat, blonde nurse.' [Resident] stated the 'nurse' fussed [at] [resident]. The RN [Assessment] Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] [with] care. The RN (Assessment) Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident. Summary of interview with resident: The resident reported the CNA (named) has threatened [resident], poked [resident] in the back with...finger, told (resident)...wishes [resident] would die [and] told (resident)...doesn't like [resident]. Summary of investigator's findings: investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating 'You have made a mess,' and 'you are going to be up in your w/c [wheelchair] all night!'"

Review of the resident's statement obtained by the facility from the Director of Nursing (DON) dated December 5, 2014, revealed "...spoke with resident...on 12/31/2014 regarding concern from 12/2/14. Resident states that CNA [named CNA #1] is mean...pokes [resident] in the back...tells [resident]...doesn't like her and fusses at [resident] when (CNA #1) has to clean (resident) up..."

Medical record review of a Psychiatric Progress Note dated December 3, 2014, revealed "... (Patient) readily recalled events with CNA whom [resident] feared, and events were consistent with

F226 cont: This in-service also included protecting facility-residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when only suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the immediate Supervisor to initiate an investigation.

Systematic Changes
A mandatory Staff Meeting was held on 1/23/15 by the Administrator and Director of Social Services for Administrative and Direct Care Staff addressing the Facility Abuse Policy. This in-service addressed the need for the facility to attempt to identify origin of any resident injuries and proactively correct situations in which abuse is possible. If unsuccessful, the injury must be investigated as an injury of unknown origin. Education also included protecting facility residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when

CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	1000 COMPLETION DATE
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F 226 | Continued From page 8
what [resident] told staff..."

Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "...The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion...Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability...Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident...Protection...Intervene immediately when you see abuse or neglect, even when you just suspect it, by telling the perpetrator to stop...they should immediately be separated from the Resident..."

Interview on January 13, 2015, at 9:00a.m., with the DON, in the conference room, confirmed the resident was able to tell the OON the CNA's name when interviewed, and confirmed the abuse policy was not followed when the resident made an accusation of abuse, the CNA was sent into the resident's room, and the RN did not intervene when overhearing the conversation.

Refer to F224

c/o #35165 and #35253

F 282 | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

F226 cont: Just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting it to the Immediate Supervisor to initiate an investigation. This in-service was repeated on 2/6/15 by the Administrator to ensure all Administrative and Direct Care Staff are educated on the Facility Abuse Policy. Newly-hired employees will be educated during their orientation period by the Director of Social Services regarding the Facility Abuse Policy. Orientation education will address the need for the facility to attempt to identify origin of any resident injuries and proactively correct situations in which abuse is possible. If unsuccessful, injury will be investigated as an injury of unknown origin. This orientation education will also include protecting facility residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when only suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the Immediate Supervisor to initiate an investigation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	0 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 222 | Continued From page 9

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to follow the care plan for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in physical harm to resident #11.

The findings included:

Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease.

Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.

Medical record review of the resident's Care Plan dated August 29, 2014, revealed, "...Problem... (resident) continues to be at risk for falls due to poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 2 staff..."

Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed]. Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."

Medical record review of a Physician telephone

F226 cont: A Mandatory Staff Meeting for all staff will be conducted by the Administrator on a quarterly basis throughout the year reviewing the Facility Abuse Policy.

Monitoring

A Focus Quality Assurance Performance Improvement Meeting was held on 2/6/15 by the Facility Administrator and the Medical Director to address the results of the most recent survey findings to ensure appropriate steps are taken to remedy these issues. In addition to the Facility Administrator and Medical Director, the following were also in attendance, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator Human Resource Clerk, Activities Director, Dietary Manager, Housekeeping/Laundry Director, Social Services Director, Medical Records Director, Therapy Manager, and Maintenance Director.

A second Focus Quality Assurance Performance Improvement Meeting was held on 2/13/15 by the Facility Administrator to review audits conducted from survey findings to assure compliance.

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WESTMYTLE AVENUE JOHNSON CITY, TN 37601
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F 282 : Continued From page 10
 order dated October 4, 2014, revealed "...Send to...[hospital] for eval[evaluation] and treatment 2... [secondary] fall with laceration..."
 Medical record review of a hospital emergency report dated October 4, 2014, revealed, "...mechanism of injury...rolled out of bed at NH [nursing home]...laceration [location]...behind right ear, 0.5 cm [centimeters]. MD [medical doctor] at bedside...laceration secured with surgical..."
 Medical record review of a nurse's note dated October 4, 2014, at 5:00p.m., revealed "resident returned to facility...from ER [emergency room] resident sent to ER secondary to fall from bed with laceration at 2:30p.m..."
 Review of the Post Fall Evaluation completed October 7, 2014, revealed CNA #5 was providing peri-care and was the only staff person present at the time of the fall.
 Telephone interview with CNA #5 on January 14, 2015, at 11:06 a.m., revealed the CNA was providing incontinence care to the resident in the resident's room, rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around. Further interview confirmed the CNA did not have another staff member present during care.
 Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04p.m., in the bookkeeping office, revealed "...CNA providing peri-care turned head away to pull privacy curtain, felt resident against legs, attempted to catch resident but slid to floor..." Continued review and interview confirmed

F226 cont: This Focus QAPI Meeting was attended by the Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry Director, Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director. Results of the audits performed addressing issues from most recent survey were determined to be at 100% compliance as of 2/13/15.
 A weekly audit will be conducted by the Director of Nursing of reported resident injuries to attempt to identify origin of injury and proactively correct situations in which abuse is possible. If unsuccessful, injury will be investigated as an injury of unknown origin. The results of these audits will be presented by the Director of Nursing to the monthly Quality Assurance Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then quarterly.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, L.L.C	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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F 282) Continued From page 11
 there was *not* two staff members providing care as required by the MDS and care plan, and the fall on October 4, 2014, resulted in harm (a head laceration requiring medical intervention) to resident #11.
 c/o: #35253
 F 323) 483.25(h) FREE OF ACCIDENT
 SS=G, HAZARDS/SUPERVISION/DEVICES
 The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.
 This REQUIREMENT is not met as evidenced by:
 Based on medical record review, facility policy review, and interview, the facility failed to prevent an accident during care for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in harm to resident #11.
 The findings included:
 Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease,
 Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed

F 226 cont: The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance. The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.
 Resident grievances/concerns are discussed in the Department Head Meeting daily Monday through Friday morning. Charge Nurse is to notify Administrator immediately on the weekend should an allegation of suspected abuse occur. As is the facility's current practice, an investigation will be conducted immediately by the Administrator upon becoming aware of an allegation of staff-conduct that could be construed as abuse by facility Residents.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(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

F 3231 Continued From page 12

the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.

Medical record review of the resident's Care Plan dated August 29, 2014, revealed, "...Problem... [resident] continues to be at risk for falls d/t [due to] poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 12 staff..."

Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed]. Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."

Medical record review of a Physician telephone order dated October 4, 2014, revealed "...Send to... [hospital] for eval [evaluation] and treatment 2 [secondary] fall with laceration..."

Medical record review of a hospital emergency report dated October 4, 2014, revealed, "...mechanism of injury... rolled out of bed at NH [nursing home]... laceration location... behind right ear, 0.6 cm [centimeters]... MD [medical doctor] at bedside... laceration secured with surgical seal..."

Medical record review of a nurse's note dated October 4, 2014, at 5:00 p.m. revealed "resident returned to facility... from ER [emergency room] resident sent to ER secondary to fall from bed with laceration at 2:30 p.m..."

Review of the facility policy Fall Prevention Program, revised July 2014, revealed "...The Fall Prevention Program is designed to ensure a safe

F226 cont: Beginning 2/6/15, residents will be interviewed, via the QIS Process, by the Interdisciplinary Team during their Quarterly MDS Assessment Review regarding any issues of staff being rude, talking in a demeaning way, or any staff conduct that could be construed as abuse by the Resident. If the Resident is unable to participate in this interview, the Resident's family will be interviewed by the Director of Social Services during this Quarterly Review. The Interdisciplinary Team consists of the MDS Nurse Coordinator, Director of Social Services, Director of Activities, and the Director of Dietary Services. The results of these interviews will be presented by the MDS Coordinator to the monthly Quality Assurance Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then quarterly.

The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, I, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) 10 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X) COMPLETION DATE
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F 323¹ Continued From page 13
environment for all Residents..Anticipate needs by assessing normal routines and times of increased risk..."

Telephone interview with CNA#S on January 14, 2015, at 11:06 a.m., revealed the CNA was providing incontinence care to the resident in the resident's room, rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around.

Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04 p.m., in the bookkeeping office, revealed "...CNA providing per-care turned head away to pull privacy curtain, felt resident against legs, attempted to catch resident but slid to floor..." Continued interview confirmed the facility failed to prevent the fall on October 4, 2014, resulting in harm (a head laceration requiring medical intervention) to resident #11.

F226 cont: The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping /Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.

c/o: #35253
F 490¹ 1483.75 EFFECTIVE
SS=G, ADMINISTRATION/RESIDENT WELL-BEING

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of facility investigation, review of the facility policy, and

2-19-15

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPORTER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 106 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	100% COMPLETION DATE
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F 226 | Continued From page 8
what [resident] told staff..."

Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "...The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion... Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability... Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident... Protection... Intervene immediately when you see abuse or neglect, even when you just suspect it, by telling the perpetrator to stop... they should immediately be separated from the Resident..."

Interview on January 13, 2015, at 9:00a.m., with the DON, in the conference room, confirmed the resident was able to tell the DON the CNA's name when interviewed, and confirmed the abuse policy was not followed when the resident made an accusation of abuse, the CNA was sent into the resident's room, and the RN did not intervene when overhearing the conversation.

Refer to F224

c/o #35165 and #35253
F 282 | 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

F282

Affected Resident
Resident #11 was assessed by Charge Nurse on 10/4/14 to verify location and extent of injury. Resident #11 was immediately sent to Emergency Department of local hospital for evaluation and treatment.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44516	() MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	0 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 282 | Continued From page 9

| This REQUIREMENT is not met as evidenced by:

| Based on medical record review and interview, the facility failed to follow the care plan for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in physical harm to resident #11.

| the findings included:

| Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease.

| Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.

| Medical record review of the resident's Care Plan dated August 29, 2014, revealed, "...Problem... (resident) continues to be at risk for falls due to poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 2 staff..."

| Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed], Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."

| Medical record review of a Physician telephone

F282 F282 cont: C.N.A. #5 was counseled on 10/4/14 by Director of Nursing regarding the need to properly supervise each resident during care, per the Resident's Care Plan. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for Individualized Instructions to care for each Resident- to include how much assistance is required to perform ADLs safely.

Potential Residents Affected

All facility Residents have the potential to be affected by this practice. In-services were initiated on 10/17/14 by the Administrator and Nurse Consultant for facility Nursing Staff regarding the importance of properly supervising residents during care, per the Resident's Care Plan. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to perform ADLs safely.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMS NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SVRY Y COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 WESTMAYTLE AVENUE JOHNSON CITY, TN 37601
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(X4) 10 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 CAT
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F 282 : Continued From page 10
 'order dated October 4, 2014, revealed "...Send [to...[hospital] for eval[evaluation] and treatment 2... [secondary] fall with laceration..."

Medical record review of a hospital emergency report dated October 4, 2014, revealed, "...mechanism of injury...rolled out of bed at NH [nursing home]...laceration location...behind right ear, 0.5 cm [centimeters]...MD [medical doctor] at bedside...laceration secured with surgical seal..."

Medical record review of a nurse's note dated October 4, 2014, at 5:00p.m. revealed "resident returned to facility...from ER [emergency room] resident sent to ER secondary to fall from bed with laceration at 2:30p.m..."

Review of the Post Fall Evaluation completed October 7, 2014, revealed CNA #5 was providing peri-care and was the only staff person present at the time of the fall.

Telephone interview with CNA #5 on January 14, 2015, at 11:06 a.m. revealed the CNA was providing incontinence care to the resident in the resident's room. rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around. Further interview confirmed the CNA did not have another staff member present during care.

Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04p.m., in the bookkeeping office, revealed "...CNA providing peri-care turned head away to pull privacy curtain, felt resident against legs. attempted to catch resident but slid to floor..." Continued review and interview confirmed

F 282 F282 cont: 100% Chart Audit of facility Residents' MDS, Care Plan, Physician's Orders, and Kardex was conducted on 1/15, 1/16, 1/19, and 1/20/15 by Regional Nurse Consultant to ensure each Residents' regimen of care was consistent and accurate in all areas of the medical record. 100% audit of Residents' Kardex and Care Plans was repeated by the DON on 2/6/15 to ensure the Kardex and Care Plans are accurate and provides individualized instructions to care for each Resident- to include how much assistance is required to perform ADLs safely.

Systematic Changes
 A mandatory in-service was conducted on 11/24/14 by the DON for facility Nursing Staff addressing the need to properly supervise residents during care, per the Resident's Care Plan. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to perform ADLs safely. This in-service was repeated on 12/11/14 by the DON to ensure all Nursing Staff is educated.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVIVY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, L.L.C		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(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)

F 282) Continued From page 11

there was *not* two staff members providing care as required by the MDS and care plan, and the fall on October 4, 2014, resulted in harm (a head laceration requiring medical intervention) to resident #11.

cto: #35253

F 323) 483.25(h) FREE OF ACCIDENT
SS=G; HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, facility policy review, and interview, the facility failed to prevent an accident during care for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in harm to resident #11.

The findings included:

Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease,

Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed

f 282 **F282 cont:** On 2/4, 2/5, and 2/6/15, Mandatory In-services were held by the DON for Nursing Staff regarding the importance of properly supervising residents during care, per the Resident's Care Plan. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to perform ADLs safely.

Charge Nurses were educated by the DON during these in-services on 2/4-6/15 to monitor C.N.A. Staff to ensure they are reviewing the Residents' Kardex and Care Plan, prior to performing Resident care, to ensure proper supervision of the Resident to provide ADL's safely. In addition, 1:1 and small group Nursing Staff education is currently being conducted randomly by the DON and ADON, on an on-going basis, quizzing staff of the proper procedure to conduct direct Resident care safely and where to find that information.

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(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)
	<p>F3231 Continued From page 12</p> <p>the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.</p> <p>Medical record review of the resident's Care Plan dated August 29, 2014, revealed, "...Problem... [resident] continues to be at risk for falls d/t [due to] poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 12 staff..."</p> <p>Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed]. Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."</p> <p>Medical record review of a Physician telephone order dated October 4, 2014, revealed "...Send to... [hospital] for eval [evaluation] and treatment 2 [secondary] fall with laceration..."</p> <p>Medical record review of a hospital emergency report dated October 4, 2014, revealed, "...mechanism of injury... rolled out of bed at NH [nursing home]... laceration location... behind right ear, 0.5 cm [centimeters]... MD [medical doctor] at bedside... laceration secured with surgical seal..."</p> <p>Medical record review of a nurse's note dated October 4, 2014, at 5:00 p.m., revealed "resident returned to facility... from ER [emergency room] resident sent to ER secondary to fall from bed with laceration at 2:30 p.m..."</p> <p>Review of the facility policy Fall Prevention Program, revised July 2014, revealed "...The Fall Prevention Program is designed to ensure a safe</p>		<p>F282 cont: Newly-hired Nursing Staff will be educated by the DON during their orientation period regarding the need to properly supervise residents during care, per the Resident's Care Plan. This orientation education will include the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to perform ADLs safely.</p> <p>A Mandatory In-service will be conducted by the DON for Nursing Staff on a Quarterly basis throughout the year reviewing proper supervision of residents during care, to include the need for Direct Care Staff to review each Residents' Care Plan and Kardex for individualized instructions to safely perform ADLs for that Resident.</p> <p>Monitoring</p> <p>A Focus Quality Assurance Performance Improvement Meeting was held on 2/6/15 by the Facility Administrator and the Medical Director to address the results of the most recent survey findings to ensure appropriate steps are taken to remedy these issues.</p>

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. (BUILDING) S.WING	(X3) DATE SURVEY COMPLETED 0111412015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, I, LC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(X4) 10 PREFIX TAG TAO	10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 323¹ Continued From page 13
environment for all Residents..Anticipate needs by assessing normal routines and times of increased risk..."

Telephone interview with CNA#S on January 14, 2015, at 11:06 a.m., revealed the CNA was providing incontinence care to the resident in the resident's room, rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around.

Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04 p.m., in the bookkeeping office, revealed "...CNA providing per-care turned head away to pull privacy curtain, felt resident against legs, attempted to catch resident but slid to floor..." Continued interview confirmed the facility failed to prevent the fall on October 4, 2014, resulting in harm (a head laceration requiring medical intervention) to resident #11.

c/o: #35253
F 490¹ 1483.75 EFFECTIVE
SS=G, ADMINISTRATION/RESIDENT WELL-BEING

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of facility investigation, review of the facility policy, and

F282 cont: In addition to the Facility Administrator and Medical Director, the following were also in attendance, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping /Laundry Director, Social Services Director, Dietary Manager, Medical Records Manager, Therapy Manager, and Maintenance Director.

A second Focus Quality Assurance Performance Improvement Meeting was held on 2/13/15 by the Facility Administrator to review audits conducted from survey findings to assure compliance. This Focus QAPI Meeting was attended by the Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry Director, Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director. Results of the audits performed addressing issues from most recent survey were determined to be at 100% compliance as of 2/13/15.

An Observation Audit of the Direct Care Staff assisting Residents with ADLs will be conducted weekly by the ADON and the MDS Coordinator to ensure Residents

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X) MULTIPLE CONSTRUCTION A. BUILDING a. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
AGAPE NURSING AND REHABILITATION CENTER, LLC		105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(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)

F 490 | Continued From page 14
 Interview, the facility failed to provide effective administration to protect from abuse one resident (#87) of five residents reviewed for abuse, of thirty-three residents reviewed, resulting in psychological harm to resident #87.

The findings included:

Review of a facility investigation dated December 12, 2014, revealed "...Date of Occurrence: 12/2/14... Resident reported to RN [Registered Nurse] [Assessment] Nurse that [resident] was afraid of the 'short, fat, blonde nurse,' [Resident] stated the 'nurse' fussed [at] [resident]. The RN [Assessment] Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] with care. The RN [Assessment] Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident... Summary of interview with resident: The resident reported the CNA [named] has threatened [resident], poked [resident] in the back with finger, told [resident]... wishes [resident] would die [and] told [resident]... doesn't like [resident]... Summary of investigator's findings: Investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating 'You have made a mess and you are going to be up in your w/c [wheelchair] all night.'..."

Review of the statement obtained by the facility from RN Assessment Nurse #1 dated December 2, 2014, revealed "...Overheard [resident #87] calling out. Went into room and there was odor of BM [Bowel Movement]... When I informed [resident #87] that I would get some help [resident #87] stated 'Don't get the short fat one.' [Resident #87] could not tell me the name of the person [the resident] was afraid of. The CNA on

F282 cont: are being properly supervised during care and to ensure that Direct Care Staff is reviewing the Residents' Care Plan and Kardex for Individualized Instructions regarding providing Residents' ADLs safely. The results of these audits will be presented by the ADON to the monthly Quality Assurance Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then quarterly. The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance. The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.

2-13-2015

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVIVY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, L.L.C		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(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)

F 282) Continued From page 11
 there was *not* two staff members providing care as required by the MDS and care plan, and the fall on October 4, 2014, resulted in harm (a head laceration requiring medical intervention) to resident #11.

F323
 Affected Resident

cto: #35253
 F 323) 483.25(h) FREE OF ACCIDENT
 SS=G, HAZARDS/SUPERVISION/DEVICES
 The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

F323
 Resident #11 was assessed by Charge Nurse on 10/4/14 to verify location and extent of injury. Resident #11 was immediately sent to Emergency Department of local hospital for evaluation and treatment. C.N.A. #5 was counseled on 10/4/14 by Director of Nursing regarding the need to properly supervise each resident during care to prevent accidents. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to prevent accidents.

This REQUIREMENT is not met as evidenced by:
 Based on medical record review, facility policy review, and interview, the facility failed to prevent an accident during care for one resident (#11) of four residents reviewed for accidents, of thirty-three residents reviewed, resulting in harm to resident #11.

Potential Residents Affected
 All facility Residents have the potential to be affected by this practice. In-services were initiated on 10/17/14 by the Administrator and Nurse Consultant for facility Nursing Staff on duty regarding the importance of properly supervising residents during care to prevent accidents.

The findings included:
 Resident #11 was admitted to the facility on August 29, 2014, with diagnoses including Dementia, Neurotic Disorders, Generalized Anxiety, and Late Effects of Cerebrovascular Disease,
 Medical record review of the quarterly Minimum Data Set (MDS) dated August 21, 2014, revealed

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDE SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 106 WEST MYRTLE AVENUE JOHNSON CITY, TN 37801	
(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)

F 323 | Continued From page 12

the resident was severely cognitively impaired and required total assistance of two or more staff persons for bed mobility and transfers.

Medical record review of the resident's Care Plan dated August 29, 2014, revealed "...Problem... [resident] continues to be at risk for falls d/t [due to] poor safety awareness... Goal... decrease risk for falls related injuries... transfer and mobility with 12 staff..."

Medical record review of a Status Change dated October 4, 2014, revealed "...called to room by CNA [certified nursing aide] pt [patient] fell OOB [out of bed]. Observed patient lying on right side, agitated, with blood on floor underneath... head called 911..."

Medical record review of a Physician telephone order dated October 4, 2014, revealed "...Send to... [hospital] for eval [evaluation] and treatment 2 [secondary] fall with laceration..."

Medical record review of a hospital emergency report dated October 4, 2014, revealed, "...mechanism of injury... rolled out of bed at NH [nursing home]... laceration location... behind right ear, 0.5 cm [centimeters]... MD [medical doctor] at bedside... laceration secured with surgical seal..."

Medical record review of a nurse's note dated October 4, 2014, at 5:00 p.m. revealed "resident returned to facility... from ER [emergency room] resident sent to ER secondary to fall from bed with laceration at 2:30 p.m..."

Review of the facility policy Fall Prevention Program revised July 2014, revealed "...The Fall Prevention Program is designed to ensure a safe

F 323 | F323 cont:

This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to prevent accidents.

100% Chart Audit of facility Residents' MDS, Care Plan, Physician's Orders, and Kardex was conducted on 1/15, 1/16, 1/19, and 1/20/15 by Regional Nurse Consultant to ensure each Residents' regimen of care was consistent and accurate in all areas of the medical record. 100% audit of Residents' Kardex and Care Plans was repeated by the DON on 2/6/15 to ensure the Kardex and Care Plans are accurate and provides individualized instructions for Direct Care Staff to prevent accidents.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445182	(X2) MULTIPLE CONSTRUCTION A. BUILDING S.WING	(X3) DATE SURVEY COMPLETED 0111412015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			ID-1 COMPLETION DATE

F 323 Continued From page 13
environment for all Residents...Anticipate needs by assessing normal routines and times of increased risk...
Telephone interview with CNA#S on January 14, 2015, at 11:06 a.m., revealed the CNA was providing incontinence care to the resident in the resident's room, rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around.
Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04 p.m., in the bookkeeping office, revealed "...CNA providing peri-care turned head away to pull privacy curtain, felt resident against legs, attempted to catch resident but slid to floor..." Continued interview confirmed the facility failed to prevent the fall on October 4, 2014, resulting in harm (a head laceration requiring medical intervention) to resident #11.

c/o: #35253
F 490 1483.75 EFFECTIVE
SS=G, ADMINISTRATION/RESIDENT WELL-BEING
A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of facility investigation, review of the facility policy, and

F323 cont:
Systematic Changes
A mandatory in-service was conducted on 11/14/14 by the DON for facility Nursing Staff addressing the need to properly supervise residents during care to prevent accidents. This education included the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for individualized instructions to care for each Resident- to include how much assistance is required to prevent accidents. This in-service was repeated on 12/11/14 by the DON to ensure all Nursing Staff was educated.
Also, this in-service was repeated by the DON for Nursing Staff on 1/15/15, immediately after recent survey was completed, to continue education regarding Direct Care Staff performing Resident care per the Residents' Care Plan and Kardex to prevent accidents. On 2/4, 2/5, and 2/6/15, Mandatory In-services were held by the DON for Nursing Staff addressing the need for staff to properly supervise Residents to prevent accidents. Direct Care Staff was instructed to review the Residents' Kardex and Care Plan, prior to performing Resident care, for individualized instructions.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OHS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SURVEYOR AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 105 W. S. MYRTLE AVENUE JOHNSON CITY, TN 37601
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(X4) IOP 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)	ICN COMPLETION DATE
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F490 Continued From page 14

interview, the facility failed to provide effective administration to protect from abuse one resident (#87) offive residents reviewed for abuse, of thirty-three residents reviewed, resulting in psychological harm to resident #87.

The findings included:

Review of a facility investigation dated December 12, 2014, revealed "...Date of Occurrence: 12/2/14...Resident reported to RN [Registered Nurse][Assessment] Nurse that [resident] was afraid of the 'short, fat, blonde nurse,' [Resident] stated the 'nurse' fussed [at] [resident]. The RN [Assessment] Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] [with] care. The RN [Assessment] Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident...Summary of interview with resident: The resident reported the CNA [named] has threatened [resident], poked [resident] in the back with...finger, told [resident]...wishes [resident] would die [and] told [resident]...doesn't like [resident]...Summary of investigator's findings: Investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating "You have made a mess and you are going to be up in your w/c [wheelchair] all night..."

Review of the statement obtained by the facility from RN Assessment Nurse #1 dated December 2, 2014, revealed "...Overheard [resident #87] calling out. Went into room and there was odor of BM [Bowel Movement]...When I informed [resident #87] that I would get some help [resident #87] stated 'Don't get the short fat one.' [Resident #87] could not tell me the name of the person [the resident] was afraid of. The CNA on

F323 cont: Charge Nurses were educated by the DON during these in-services on 2/4-6/15 to monitor C.N.A. Staff to ensure they are reviewing the Residents' Kardex and Care Plan, prior to performing Resident care, to ensure proper supervision of the Resident to prevent accidents. In addition, 1:1 and small group Nursing Staff education is currently being conducted randomly by the DON and ADON, on an on-going basis, quizzing staff of the proper procedure to conduct direct Resident care to prevent accidents; and where to find that information.

Newly-hired Nursing Staff will be educated by the DON during their orientation period regarding the need to properly supervise residents during care to prevent accidents. This orientation education will include the need for Direct Care Staff to review the Residents' Care Plan and Kardex, prior to performing Resident care, for Individualized Instructions to care for each Resident- to include how much assistance is required to prevent accidents. A Mandatory In-service will be conducted by the DON for Nursing Staff on a Quarterly basis throughout the year reviewing proper supervision of residents during care to prevent accidents.

CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ S. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC			PHYSICIAN ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRT AVENUE JOHNSON CITY, TN 37601	
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	101 COMPLETION DATE

F 490 Continued From page 15
the hall was informed of [resident #87] need...When informed [CNA #1] stated 'It shouldn't have to be this way.' [CNA #1] entered the room. I waited outside the door. The CNA was short with the resident..asked (resident) why...was playing 'In it', I was unable to hear [resident #87] reply.. [CNA #1] made other statements such as 'get your foot out of it' and 'You've made a mess of the floor mat.'..At one time it sounded like (CNA #1) told (resident) ..was going to be up in...we all night.."

Review of a statement written by CNA #1 on December 5, 2014, revealed the CNA denied any physical or verbal abuse toward the resident, Further review revealed, after completing all care for resident #87, "...When I came out of the room [staff member] was standing there and we spoke...I went on to the next person that's when [Assistant Director of Nursing/ADONJ told me that they needed to speak to me when I finished. After finishing I went up the hall and [ADONJ] called me into the office where (Administrator, ADON (Director of Nursing), ADONJ were (Administrator) informed that (resident #87) had stated that [resident] was afraid of me. That I was suspended upon completing an investigation..."

Medical record review of a Psychiatric Progress Note dated December 8, 2014, revealed "... [Patient] readily recalled events with CNA whom [resident] feared, and events were consistent with what [resident] told staff..."

Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "...The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and

F323 cont:

Monitoring

A Focus Quality Assurance Performance Improvement Meeting was held on 2/6/15 by the Facility Administrator and the Medical Director to address the results of the most recent survey findings to ensure appropriate steps are taken to remedy these issues. In addition to the Facility Administrator and Medical Director, the following were also in attendance, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping /Laundry Director, Social Services Director, Dietary Manager, Medical Records Manager, Therapy Manager, and Maintenance Director. A second Focus Quality Assurance Performance Improvement Meeting was held on 2/13/15 by the Facility Administrator to review audits conducted from survey findings to assure compliance. This Focus QAPI Meeting was attended by the Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. QUALIFYING B. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP #00E 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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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 490j Continued From page 16

Involuntary seclusion... Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability... Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident... Protection... Intervene immediately when you see abuse or neglect even when you just suspect it, by telling the perpetrator to stop... they should immediately be separated from the Resident..."

Interview on January 13, 2015, at 8:35 a.m., with RN Assessment Nurse #1, in the conference room, confirmed RN Assessment Nurse #1 stayed outside of the resident's room when CNA #1 entered the room because of the comments resident #87 had made. Further interview confirmed the RN did not intervene at the time of the verbal abuse.

Review of the facility investigation, statements of staff, and interviews confirmed the RN overheard CNA #1 verbally abusing resident #87, reported the abuse to the Administrator, and CNA #1 was not stopped immediately from providing care to resident #87, or other residents, by the RN Assessment Nurse, the OON, the ADON, or the Administrator.

[c/o #35165

F323 cont: Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director. Results of the audits performed addressing issues from most recent survey were determined to be at 100% compliance as of 2/13/15.

An Observation Audit will be conducted weekly by the ADON and the MDS Coordinator of the Direct Care Staff to ensure residents are being properly supervised by Nursing Staff during care to prevent accidents and to ensure that Direct Care Staff is reviewing the Residents' Care Plan and Kardex for individualized instructions regarding providing Residents' ADLs safely. The results of these audits will be presented by the ADON to the monthly Quality Assurance Performance Improvement Committee for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then quarterly. The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance. The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: T8003	(X2) MULTIFUNCTIONAL A. BUILDING: _____ B. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER
AGAPE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
100 WEST MYRTLE AVENUE
JOHNSON CITY, TN 37601

(X4) PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N002j1200-8-6	No Deficiencies During the annual Licensure survey and investigation of complaints #35165, #35166, #35253, and #34903, conducted January 12-14, 2015, at Agape Nursing and Rehabilitation Center, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.		F923 cont: Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping /Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.	2-13-2015

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Adm.

DATE
2/13/15

STATE FORM

WY5111

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ S. WING _____	(X3) DATE SURVEY COMPLETED 0111412015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, I, LC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37801	
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 323 Continued From page 13
environment for all Residents. Anticipate needs by assessing normal routines and times of increased risk..."

Telephone interview with CNA#S on January 14, 2015, at 11:06 a.m., revealed the CNA was providing incontinence care to the resident in the resident's room, rolled the resident on the resident's side, turned away from the resident to pull the privacy curtain, and the resident fell from the bed while the CNA was turned around.

Interview and review of the facility investigation with Regional Nurse Consultant #1 on January 14, 2015, at 2:04 p.m., in the bookkeeping office, revealed "...CNA providing per-care turned head away to pull privacy curtain, felt resident against legs, attempted to catch resident but slid to floor..." Continued interview confirmed the facility failed to prevent the fall on October 4, 2014, resulting in harm (a head laceration requiring medical intervention) to resident #11.

c/o: #35253

F 490 1483.75 EFFECTIVE
SS=G ADMINISTRATION/RESIDENT WELL-BEING

A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of facility investigation, review of the facility policy, and

F490

Affected Resident

Resident #87 was interviewed by the Social Services Director on 12/2/14 regarding this Resident's concern with a staff member. Resident #87 stated "preferred that staff person not work with (Resident #87) again".
C.N.A. #1 was suspended on 12/2/14 by the DON pending investigation of allegation of verbal abuse by Resident #87. After investigation, abuse was substantiated and C.N.A. #1's employment was terminated on 12/9/14 by the DON.

F490

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMS NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) MOVID R/SUPPLIER/CA IDENTIFICATION NUMBER: 445162	(X) MULTIPLE CONSTRUCTION A. BUILDING a. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 106 W. S. MYRTLE AVENUE JOHNSON CITY, TN 37801	
(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)

F 490 Continued From page 14

interview, the facility failed to provide effective administration to protect from abuse one resident (#87) of five residents reviewed for abuse, of thirty-three residents reviewed, resulting in psychological harm to resident #87.

The findings included:

Review of a facility investigation dated December 12, 2014, revealed "...Date of Occurrence: 12/2/14...Resident reported to RN [Registered Nurse]/[Assessment] Nurse that [resident] was afraid of the 'short, fat, blonde nurse,' [Resident] stated the 'nurse' fussed [at] [resident]. The RN [Assessment] Nurse then asked a CNA [Certified Nursing Assistant] to assist [resident] [with] care. The RN [Assessment] Nurse overheard the CNA making rude comments to the resident [and] talking 'short' to the resident...Summary of interview with resident: The resident reported the CNA [named] has threatened [resident], poked [resident] in the back with...finger, told [resident]...wishes [resident] would die [and] told [resident]...doesn't like [resident]...Summary of investigator's findings: investigation reveals RN Assessment Nurse heard CNA being verbally abusive to resident by stating 'You have made a mess and you are going to be up in your w/c [wheelchair] all night!...'"

Review of the statement obtained by the facility from RN Assessment Nurse #1 dated December 2, 2014, revealed "...Overheard [resident #87] calling out. Went into room and there was odor of BM [Bowel Movement]...When I informed [resident #87] that I would get some help [resident #87] stated 'Don't get the short fat one.' [Resident #87] could not tell me the name of the person [the resident] was afraid of. The CNA on

F4901 F490 cont: RN Assessment Nurse #1 was counseled on 12/2/14 by the Administrator regarding the need to intervene immediately when a staff member sees or hears abuse/neglect, even when only suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to Immediate Supervisor. The Administrator's employment was terminated on 1/19/15. The Administrator was subsequently replaced on 1/19/15.

Upon further review by the current Administrator, RN Assessment Nurse #1's employment was terminated on 2/4/14 for failure to follow Facility Abuse Policy.

Potential Residents Affected

All facility Residents have the potential to be affected by this practice. On 1/13/15, the Social Services Director reviewed current grievance/concern log. It was determined that any allegation of abuse was investigated per Facility Abuse Policy.

CENTERS FOR MEDICARE & MEDICAL SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ S. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC		PHYSICIAN ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRT AVENUE JOHNSON CITY, TN 37601	
(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 490 Continued From page 15
the hall was informed of [resident #87] need...When informed [CNA#1] stated 'it shouldn't have to be this way.' [CNA#1] entered the room. I waited outside the door. The CNA was short with the resident..asked (resident) why...was playing 'In it', I was unable to hear [resident#87] reply.. [CNA#1] made other statements such as 'get your foot out of it' and 'You've made a mess of the floor mat'...At one time it sounded like (CNA #1) told (resident)..was going to be up in...wc all night.."

Review of a statement written by CNA #1 on December 5, 2014, revealed the CNA denied any physical or verbal abuse toward the resident. Further review revealed, after completing all care for resident #87, "...When I came out of the room [staff member] was standing there and we spoke... I went on to the next person that's when [Assistant Director of Nursing/ADONJ] told me that they needed to speak to me when I finished. After finishing I went up the hall and [ADONJ] called me into the office where (Administrator, ADON (Director of Nursing), ADONJ) were, (Administrator) informed that (resident #87) had stated that [resident] was afraid of me. That I was suspended upon completing an investigation..."

Medical record review of a Psychiatric Progress Note dated December 8, 2014, revealed "... [Patient] readily recalled events with CNA whom [resident] feared, and events were consistent with what [resident] told staff..."

Review of the facility policy, Abuse Protocol, last reviewed April 2014, revealed "...The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and

F 490 F490 cont: Beginning 2/3/15, all facility Residents were interviewed by the DON, Administrator, and Nurse Consultant regarding issues of staff being rude, speaking in a demeaning way, or any staff-conduct that could be construed as abuse by the Resident. If the Resident was unable to participate in this interview, the Resident's family was interviewed by the Administrator. These interviews were completed on 2/5/15. The results from these Resident and Family interviews were positive with no concerns voiced from Residents or families of staff-conduct that could be construed as abuse

In-services were initiated on 12/1/14 and 12/5/14 by the DON for facility Administrative and Direct Care Staff on addressing the Facility Abuse Policy. Education included protecting facility-residents from abuse by intervening immediately when staff sees or hears abuse/neglect, even when it is just suspected, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the immediate Supervisor to initiate an investigation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162	(X2) MULTIPLE CONSTRUCTION A. QUARTER: B. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 108 WEST MYRTLE AVENUE JOHNSON CITY, TN 37601
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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 490] Continued From page 16

Involuntary seclusion... Verbal abuse is any use of oral, written or gestured language that is made to Residents directly or within their hearing range, including disparaging or derogatory remarks regardless of their age, ability to comprehend, or disability... Examples of verbal abuse include, but are not limited to: threats of harm, saying things to frighten a Resident... Protection... Intervene immediately when you see abuse or neglect. even when you just suspect it, by telling the perpetrator to stop. they should immediately be separated from the Resident.."

Interview on January 13, 2015, at 8:35 a.m., with RN Assessment Nurse #1, in the conference room, confirmed RN Assessment Nurse #1 stayed outside of the resident's room when CNA #1 entered the room because of the comments resident #87 had made. Further interview confirmed the RN did not intervene at the time of the verbal abuse.

Review of the facility investigation, statements of staff, and interviews confirmed the RN overheard CNA #1 verbally abusing resident #87, reported the abuse to the Administrator, and CNA #1 was not stopped immediately from providing care to resident #87, or other residents, by the RN Assessment Nurse, the OON, the ADON, or the Administrator.

[c/o #35165

F490] F490 cont:

Systematic Change

A mandatory Staff Meeting was held on 1/23/15 by the Administrator and Director of Social Services for Administrative and Direct Care Staff addressing the Facility Abuse Policy. Education included protecting facility-residents from abuse by intervening immediately when you see or hear abuse/neglect, even when you just suspect it, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting it to the Immediate Supervisor to initiate an investigation. This in-service was repeated on 2/6/15 by the Administrator to ensure all Administrative and Direct Care Staff are educated on the Facility Abuse Policy. Newly-hired employees will be educated during their orientation period by the Director of Social Services addressing the Facility Abuse Policy.

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: rN9003	(X2) MULTIFUNCTIONAL A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z B, WING	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER AGAPE NURSING AND REHABILITATION CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST WYKILE AVE, SUITE JOHNSON CITY, TN 37601		
(X4) TAG PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N002j1200-8-6	No Deficiencies During the annual Licensure survey and investigation of complaints #35165, #35166, #35253, and #34903, conducted January 12-14, 2015, at Agape Nursing and Rehabilitation Center, no deficiencies were cited under 11200-8-6, Standards for Nursing Homes.		F490 cont: Orientation education will include protecting facility-residents from abuse by intervening immediately when you see or hear abuse/neglect, even when you just suspect it, by stopping the alleged abuse and immediately separating the suspected staff member from the Resident; then reporting to the Immediate Supervisor to initiate an investigation. A Mandatory Staff Meeting for all staff will be conducted by the Administrator on a Quarterly basis throughout the year reviewing the Facility Abuse Policy. Monitoring A Focus Quality Assurance Performance Improvement Meeting was held on 2/6/15 by the Facility Administrator and the Medical Director to address the results of the most recent survey findings to ensure appropriate steps are taken to remedy these issues. In addition to the Facility Administrator and Medical Director, the following were also in attendance, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping /Laundry Director, Dietary Manager, Medical Records Director, Social Services Director, Therapy Manager, and Maintenance Director.	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Adm.

(X5) DATE
2/13/15

STATE FORM

WYS111

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N8003	(X2) MULTIFUNCTIONAL A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z B, W, N, G	(X3) DATE SURVEY COMPLETED 01/29/2015
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NAME OF PROVIDER OR SUPPLIER
AGAPE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
105 WEST MIDDLE AVENUE
JOHNSON CITY, TN 37601

(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) COMPLETE DATE
N002j1200-8-6	No Deficiencies During the annual Licensure survey and investigation of complaints #35165, #35166 #35253, and #34903, conducted January 12-14, 2015, at Agape Nursing and Rehabilitation Center, no deficiencies were cited under 11200-8-6, Standards for Nursing Homes.		F490 cont: A second Focus Quality Assurance Performance Improvement Meeting was held on 2/13/15 by the Facility Administrator to review audits conducted from survey findings to assure compliance. This Focus QAPI Meeting was attended by the Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Human Resource Clerk, Activities Director, Housekeeping / Laundry Director, Social Services Director, Medical Records Manager, Dietary Manager, Therapy Manager, and Maintenance Director. Results of the audits performed addressing issues from most recent survey were determined to be at 100% compliance as of 2/13/15. Resident grievances/concerns are discussed in the Department Head Meeting daily Monday through Friday morning. Charge Nurse is to notify Administrator immediately on the weekend should an allegation of suspected abuse occur. As is the facility's current practice, an investigation will be conducted immediately by the Administrator upon becoming aware of an allegation of staff-conduct that could be construed as abuse by facility Residents.	

Division of Health Care Facilities

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

S. Powers

TITLE

Adm.

EXDATE

2/13/15

DATE FORM

WY5111

If continued on sheet 7 of 7

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(A) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7N9003	(X2) MULTIFUNCTIONAL A, B, C (RING: _____) B. WING	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER
AGAPE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
100 WEST MYRTLE AVE, SUITE
JOHNSON CITY, TN 37601

(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N002j	1200-8-6 No Deficiencies During the annual Licensure survey and investigation of complaints #35165, #35166 #35253, and #34903, conducted January 12-14, 2015, at Agape Nursing and Rehabilitation Center, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.		F490 cont: Beginning 2/6/15, residents will be interviewed, via the QIS Process, by the Interdisciplinary Team during their Quarterly MDS Assessment Review regarding any issues of staff being rude, talking in a demeaning way, or any staff-conduct that could be construed as abuse by the Resident. If the Resident is unable to participate in this interview, the Resident's family will be interviewed by the Director of Social Services during this Quarterly Review. The Interdisciplinary Team consists of the MDS Nurse Coordinator, Director of Social Services, Director of Activities, and the Director of Dietary Services. The results of these interviews will be presented by the MDS Coordinator to the monthly Quality Assurance Performance Improvement Committee (QAPI) for review and recommendations until desired threshold of 100% is met for 3 consecutive months, then conducted quarterly. The Administrator and Director of Nursing will follow up on recommendations from the QAPI Committee to assure compliance.	

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]
DATE FORM

TITLE
[Signature]

(X6) DATE
2/13/15

**** WY6111

Ircon Univ/Jan sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: T9003	(X2) MULTIPLE CONSTRUCTION A, BUI (OING: _____ B, WING	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER
AGAPE NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
100 WEST MIDDLE AVENUE
JOHNSON CITY, TN 37601

(X4) 10 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N002j1200-8-6	No Deficiencies During the annual Licensure survey and investigation of complaints #35165, #35166 #35253, and #34903, conducted January 12-14, 2015, at Agape Nursing and Rehabilitation Center, no deficiencies were cited under 1200-8-6, Standards for Nursing Homes.		F490 cont: The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Human Resources Clerk, Medical Records Director, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.	2-13-2015

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE
Adm.

DATE
2/13/15

TATE FORM

WV6111

Form Unrevised 01/14/15