

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

45th day 10/22/10

PRINTED: 09/14/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/07/2010
NAME OF PROVIDER OR SUPPLIER  BLEDSOE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	
(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 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, observation, and interview, the facility failed to follow physician's orders for frequency of wound care for two (#2, #3) of five residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #2 was admitted to the facility on April 23, 2002, with diagnoses including Advanced Dementia, Congestive Heart Failure, Atrial Fibrillation, Anemia, Cerebrovascular Accident, and Pacemaker Insertion. Review of the MDS dated September 3, 2010, revealed the resident was moderately cognitively impaired with short and long-term memory deficits; was totally dependent for ADLs; was incontinent of bowel and bladder; ate &lt;75% of diet of pureed with nectar-thick liquids.</p> <p>Review of the Weekly Pressure Ulcer Progress Report dated September 2, 2010, revealed the resident had a stage II decubitus ulcer to the coccyx, which measured 3 cm by 1 cm with partial depth. Continued review of the Progress Report revealed the ulcer bed was red and had no odor or drainage. Further review of the Progress Report revealed the resident also had a 6 cm by 3 cm circular black area on the left heel.</p>	F 281	<p><b><u>F 281</u></b></p> <p><b>1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?</b> Resident #2: We are unable to correct current deficiency on this resident due to the incident occurring in the past (August 20-21, 2010)</p> <p><b>2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?</b> Treatment sheets were reviewed on 9/8/10 and on 9/16/10 by the DON on all residents to identify other potential residents.</p>	9/17/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Stephanie Bunt* *Administrator* *9/21/10*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

SEP 23 2010

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F 281	<p>Continued From page 1</p> <p>Observation of wound care on September 7, 2010, at 3:00 p.m., revealed no dressing on the coccyx ulcer when the resident's diaper was removed. Continued observation revealed the wound measurements to be correct with the wound bed red as well as wound edges, and no odor or drainage. Observation of the resident's left heel revealed almost the whole heel covered with black eschar. Observation of the resident revealed heel protectors were in place on both feet and the feet were elevated on pillows. Review of physician's orders dated August 5, 2010, revealed the ulcer was to be cleansed with normal saline; open area to be filled with Fibercal; surrounding areas painted with Hendrickson's cream; covered with Telfa and Tegaderm. Continued review of the orders revealed the dressing was to be changed every three days and as needed.</p> <p>Review of the Treatment Record revealed the dressing was to be changed on the 7:00 a.m. to 3:00 p.m. shift as well as on an as needed basis. Continued review of the Treatment Record revealed the dressing was documented as being changed on August 11, 2010 on the night shift and again on August 12, 2010, on the night shift. Continued review of the Treatment Record revealed the next treatment was not done until August 14, 2010, on the day shift. Further review of the Treatment Record revealed wound care was done on August 17, 2010, on the day shift as ordered as well as on August 18 and 19, 2010, on the night shift as needed. Continued review of the Treatment Record revealed wound care was done on August 21, 2010, on the day shift instead of on August 20, 2010 when the three day schedule required it to be done. Continued review of the Treatment Record revealed wound care</p>	F 281	<p><b>3.)WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</b></p> <p>An inservice was conducted on 9/8/10 by the Administrator and the DON with the charge nurses and C.N.A.'s. Employees were informed about the tags and instructed on measures to take to prevent further incidents: Reading &amp; following physician's orders and paying close attention on where nurses are charting their initials.</p> <p><b>4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?</b></p> <p>The DON or Her Assistant will review the treatment sheets twice weekly to ensure compliance with following physician's orders</p>	9/17/10	

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F 281	<p>Continued From page 2</p> <p>was documented as being done on August 26, 2010, instead of August 24, 2010, on the three day schedule. Further review of the Treatment Record revealed wound care was documented as being done on August 29, 2010, instead of August 27, 2010, on the three day schedule.</p> <p>Interview with the Administrator and Director of Nursing (DON) on September 7, 2010, at 4:10 p.m., in the Chapel, confirmed the facility failed to follow physician's orders to complete wound care every three days as ordered and wound care was documented as being completed on August 21, 26, and 29, 2010, instead of on August 20, 24, and 27, 2010.</p> <p>Medical record review revealed Resident #3 was admitted to the facility on June 7, 2010, with diagnoses including Chronic Wounds, Chronic Pain, Depression, Status Post Motor Vehicle-Pedestrian Accident. Review of the MDS dated June 18, 2010, revealed the resident lacked some cognitive skills but short and long-term memory were intact; was totally dependent for ADLs; was paraplegic; had a foley catheter; had no movement below the nipple line.</p> <p>Review of the Weekly Pressure Ulcer Progress Report revealed the resident had a Stage IV ulcer to the coccyx which measured 8 cm by 7 cm by 0.75 cm, with red wound bed, bloody drainage, and odor present. Continued review of the Progress Report revealed the resident had a Stage IV ulcer to the right heel which measured 4 cm by 7 cm by 1 cm, with dark red wound bed and small amount of bloody drainage. Further review of the Progress Report revealed the resident had a Stage IV ulcer to the left heel which measured 2.8 cm by 2.8 cm by 1 cm, with dark red wound bed</p>	F 281	<p><b><u>F 281</u></b></p> <p><b>1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?</b> Resident #3: We are unable to correct current deficiency on this resident due to this incident occurring in the past (August 26, 2010)</p> <p><b>2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?</b> Treatment sheets were reviewed on 9/8/10 and on 9/16/10 by the DON on all residents to identify other potential residents.</p>	9/17/10

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F 281	<p>Continued From page 3</p> <p>and no exudate. On the day of survey the resident was at the Wound Clinic for the weekly appointment so the wounds were not observed.</p> <p>Review of physician's orders dated August 24, 2010, reveled the left lateral foot/heel ulcer was to be cleansed with Hibiclens; silver alginate was to be applied; wound was to be covered with 4x4 dressing and wrapped with gauze on a daily basis. Continued review of physician's orders revealed the right heel/Achilles tendon ulcer was to be cleansed with Hibiclens; Santyl applied to the wound; zinc oxide to the periwound area; covered with 4x4; and wrapped with gauze daily. Continued review of physician's orders dated August 24, 2010, revealed the resident also had a Wound-Vac to the coccyx and wound care was to be done on Tuesday, Thursday, and Saturday.</p> <p>Review of the Treatment Record revealed the previous wound care orders were documented as being discontinued on August 23, 2010. Continued review of the Treatment Record also revealed the resident was at Wound Clinic on August 24, 2010. Further review of the Treatment Record revealed the new wound care treatments received on August 24, 2010 were not begun until August 26, 2010.</p> <p>Interview with the Administrator and DON on September 7, 2010, at 4:15 p.m., in the Chapel, confirmed the facility failed to follow physician's orders to begin the new wound care orders on August 25, 2010.</p>	F 281	<p><b>3.)WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?</b></p> <p>An inservice was conducted on 9/8/10 by the Administrator and the DON with the charge nurses and C.N.A.'s. Employees were informed about the tags and instructed on measures to take to prevent further incidents: Reading &amp; following physician's orders and paying close attention on where nurses are charting their initials.</p> <p><b>4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?</b></p> <p>The DON or her Assistant will review the treatment sheets twice weekly to ensure compliance with following physician's orders</p>	9/17/10

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