

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

PRINTED: 11/14/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/13/2013
NAME OF PROVIDER OR SUPPLIER BELLS NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006		
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F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint investigation for TN00031934</p> <p>Based on medical record review and interviews, it was determined the facility failed to provide resident transfer with assist of two people in accordance with the written plan of care for 1 of 6 (Resident #1) sampled residents.</p> <p>The findings included:</p> <p>Medical record review for Resident #1 documented an admission date of 11/14/11 and went to the hospital on 6/11/13 from which she transferred to another nursing care facility. Diagnoses included Aftercare Traumatic Fractured Hip, Symbolic Dysfunction, Paralysis Agitans, Dementia without Behavior Disturbance, Depressive Disorder, Osteoporosis, Muscle weakness general, Hypothyroidism, Dysphagia, Constipation, Hair Diseases, Difficulty Walking, Urinary Tract Infection and Parkinson's. Resident #1's Minimal Data Set (MDS) dated 3/28/13 documented the score for the Brief Interview for Mental Status (BIMS) was 99 which indicated the resident can communicate but chooses not to participate. The staff completed the interview and noted both long and short term memory problem with moderately impaired - decisions poor for cognitive skills for daily decision making.</p>	F 282	<p>F282 SS=D</p> <p>483.20 Requirement: The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Corrective Action: 1. This facility will ensure that qualified personnel provide resident transfers according to their written plan of care. 2. Resident #1 no longer resides in the facility. Transfer date: 6-11-13. Discharge date: 6-13-13. 3. The care plan of each resident will be reviewed and this information will be used to further staff education. Each resident's individual transfer instructions will be reviewed with each corresponding care giver. This review will include: where the specific information is found; the accuracy of the information; and the correct performance of the specified instructions by the designated care giver. This review will be conducted by the Director of Nursing or her Designee.</p>		

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

TITLE

(X6) DATE

Craig B. Haman

ADMINISTRATOR

11-20-2013

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

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F 282	<p>Continued From page 1</p> <p>Resident #1's MDS dated 6/11/13 documented the score for the BIMS was 00 which indicated Resident #1 had severe impairment in her cognitive status. She also had short term memory problems and was moderately impaired in her cognitive skills for daily decision making.</p> <p>Review of the care plan dated 3/28/13 documented, "...Falls/at risk... Approaches... Transfer: extensive to total assistance of 2..."</p> <p>During an interview in the activity room, on 10/30/13 at 11:45 AM, certified nursing assistant (CNA) #8 was asked how she transferred Resident #1. CNA #8 stated, "...I transferred her from the bed to the geri-chair. The geri-chair scooted a little, so I put her in the recliner and pushed the call light and then put her in the geri-chair..."</p> <p>During an interview in front of room 320, on 10/30/13 at 3:20 PM, CNA #15 was shown the care plan term, "Transfer: extensive to total assistance of 2." CNA #15 was asked what that meant. CNA #15 replied, "...Take two people to transfer with a gait belt... Gait belt goes around waist... Lift resident up and get to chair with the help of another person..."</p> <p>During an interview in front of room 320, on 10/30/13 at 3:25 PM, CNA #16 was shown the care plan term, "Transfer: extensive to total assistance of 2." CNA #16 was asked what that meant. CNA #16 stated, "...Two aides would transfer a total assist with a gait belt..."</p> <p>During a telephone interview on 11/1/13 at 2:30 PM, CNA #11 was asked how she transferred Resident #1. CNA #11 stated, "...I picked her up</p>	F 282	<p>4. On 11-12-13 and 11-13-13 in-services were conducted by the Director of Nursing and Registered Nurse Supervisors with individual RNs, LPNs and CNA staff for all 3 shifts. In-service included the importance of providing appropriate assistance with transfers in accordance with the residents written care plan. On 11-20-13 a facility wide in-service will be provided by the Director of Nursing and MDS coordinator on the process of determining the amount of assistance required for a resident's transfer, where this information is found for each resident and the importance of following transfer assistance as noted in the residents plan of care.</p> <p>5. The Director of Nursing or designee will monitor for compliance with each care giver weekly for 4 weeks, then monthly times 3 months. The findings of these audit results will be reported to the Performance Improvement Committee by the Director of Nursing for effectiveness and determination of compliance.</p> <p>Completion Date: 11-22-13</p>	

CBX 11/20/13

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F 282	<p>Continued From page 2</p> <p>with a gait belt and put her back to bed. I didn't know she was a two person assist..."</p> <p>During an interview by the 300 hall ice machine, on 11/5/13 at 8:45 AM, CNA #17 was shown the care plan term, "Transfer: extensive to total assistance of 2." CNA #17 was asked what that meant. CNA #17 stated, "...if resident can't help at all, use two people lift or use the Hoyer [lift]..."</p> <p>During an interview in the activity room, on 11/5/13 at 1:55 PM, CNA #8 was asked again to discuss how she transferred Resident #1. CNA #8 stated, "...I had transferred her by myself before if people were busy on the floor. I transferred her by myself at least two times..."</p> <p>During a discussion in the activity room, with the Director of Nursing (DON) on 11/5/13 at 2:05 PM, the DON stated she could pull up the results of the CNAs' entries into the software of the computer system that would reveal the method of transfer given for Resident #1.</p> <p>The following is the result of that activity:</p> <p>a. "...6/6/13 10:35 AM Transfer - Transfer ADL - Limited Assistance - 1 person assist..." by CNA #13.</p> <p>b. "...6/7/13 10:26 AM Transfer - Transfer ADL - Limited Assistance - 1 person assist..." by CNA #13.</p> <p>c. "...6/9/13 10:32 AM Transfer - Transfer ADL - Total dependence 1 person assist..." by CNA #13.</p> <p>The failure to use a two man lift when transferring Resident #1 was not following Resident #1's care plan interventions.</p>	F 282		
F 441	483.65 INFECTION CONTROL, PREVENT	F 441		

CBA 11/20/13

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F 441 SS=D	Continued From page 3 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441 F441 SS=D	483.20 Requirement: The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Corrective Action: 1. This facility will maintain our currently established infection control program with an increased emphasis on preventing the spread of infection. 2. Staff educator in-service CNA #10 on 10-30-13 on correct perineal care to prevent the spread of infection. This in-service included: proper technique, appropriate time to change gloves and wash hands to prevent spread the of infection. 3. Mandatory individual in-service was conducted with each care giver on proper perineal care technique, and appropriate time to change gloves and wash hands during care. Return demonstration was completed at this time. In-service and return demonstration review was conducted by Patient Care Coordinators and Staff Educator.		

CBL 11/20/13

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F 441	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of "Clinical Nursing Skills by Smith and Duell and Martin", observation and interview, it was determined the facility failed to ensure 1 or 2 Certified Nursing Assistants (CNA) (CNA #10) provided perineal care in a manner to prevent the spread of infection when she failed to change contaminated gloves and wash her hands.</p> <p>The findings included:</p> <p>Review of "Clinical Nursing Skills, 5th edition by Smith and Duell and Martin", page 340, documented, "...Gloves Clean, nonsterile gloves are worn when touching... body fluids, secretions, excretions, and contaminated items. Put gloves on just before touching mucous membranes and nonintact skin. Remove gloves immediately after use, and wash hands before touching noncontaminated items and environmental surfaces or giving care to another client. Gloves should be discarded immediately and not reused..."</p> <p>Observations in Resident #6's room on 10/29/30 at 10:30 AM, CNA #10 performed peri-care for Resident #6. CNA #10 washed her hands and donned gloves. When just about through giving care to the rectal area, Resident #6 had a small bowel movement, which CNA #10 cleaned. After finishing the rectal cleaning, CNA #10, wearing the same gloves, opened and closed the resident's privacy curtain just enough to exit the bedside area and go to the closet area of the room. CNA #10 reached into the closet and got lotion which she brought back to the resident's</p>	F 441	<p>4. Mandatory in-service will be conducted by the Director of Nursing on 11-20-13 to review appropriate infection control measures to be used daily related to appropriate glove change times and hand washing during perineal care.</p> <p>5. This facility will ensure that all nursing staff is aware of infection control measures to use on a daily basis in preventing the spread of infection. This will be achieved through continuing education and monitoring on a regular basis until compliance has been achieved.</p> <p>6. Monitoring of glove use, proper hand washing and when to perform these tasks will be accomplished through the use of an in-house monitoring tool which will be used with all current staff. Each care giver will be monitored weekly for 4 weeks, then monthly for 3 months. Monitoring will be conducted by the Director of Nursing or designee. The findings of these audit results will be reported to the Performance Improvement Committee by the Director of Nursing for effectiveness and determination of compliance.</p> <p>Completion Date: 11-22-13</p>	

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F 441	<p>Continued From page 5</p> <p>bedside after opening and closing the privacy curtains surrounding Resident #6's bed. CNA #10 observed that Resident #6 had had another small bowel movement. CNA #10 used wipes to clean the rectal area, and then applied lotion to Resident #6's buttocks from the lotion bottle she had retrieved from the closet. CNA #10 then put a diaper on one side of Resident #6 and rolled her to the other side. At this point CNA #10 had taken off the glove to her right hand and put on another glove to complete putting on the resident's diaper. CNA #10 failed to remove contaminated gloves and wash hands immediately after giving the peri-care before touching noncontaminated items and environmental surfaces and before resuming pericare.</p> <p>During an interview in the activity room on 10/29/12 at 5:15 PM, the director of Nursing (DON) was asked if it was acceptable for the CNA wearing gloves she used to perform pericare, to go the resident's closet, get materials and then bring them back to the bedside and resume pericare to the rectal area. The DON stated, "No."</p>	F 441		

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