

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/30/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BELCOURT TERRACE NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1710 BELCOURT AVENUE NASHVILLE, TN 37212</b>
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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 312	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00029680</p> <p>Based on medical record review and interview, it was determined the facility failed to ensure staff assisted residents with activities of daily living (ADL) by not providing bed baths/showers for 4 of 5 (Residents #2, 3, 4 and 5) sampled residents.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #2 documented an admission date of 9/14/11 with diagnoses of Hypothyroidism, Hyperlipidemia, Anemia, Bipolar Disorder, Depression, Pain, Rheumatoid Arthritis and Osteoporosis. Review of the Minimum Data Set (MDS) section "Brief Interview for Mental Status" (BIMS) documented a score of "14" (score of 13-15 cognitively intact). Review of the MDS assessment dated 3/19/12 in Section G.0120 Bathing documented Resident #2 required "...Physical help in part of bathing activity" with support of one person physical assist. Review of the ADL Flowsheet dated 2/1/12 - 2/29/12 documented blank spaces or "0" for shower and / or bed bath on 2/7/12, 2/9/12, 2/11/12, 2/24/12 and 2/25/12. Review of the ADL Flowsheet dated 4/1/12 through (-) 4/30/12</p> <p><i>acceptable POC 6/13/12 JP PHNCL</i></p>	F 312	<p>Preparation and / or execution of this plan of correction does not constitute admission or agreement by this provider of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and / or executed solely because it is required by the provisions of federal and / or state law. This plan of correction constitutes our credible allegation of compliance.</p> <p style="text-align: right;"><b>RECEIVED</b> 2012</p>	
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LATATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>R. A. M. K. A.</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>06/12/12</i>
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Efficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 participation.

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F 312	<p>Continued From page 1</p> <p>documented blank spaces for shower and / or bed bath for 4/17/12, 4/24/12 and 4/26/12.</p> <p>During an interview with Resident #2 in her room on 4/30/12 at 10:25 AM, Resident #2 was asked when does she receive a bed bath or shower. Resident #2 stated, "Tuesday, Thursday and Saturday is when I am supposed to get a shower. Didn't get my shower this past week like I was supposed to get it. That happens a lot. They told me there was only one tech [technician] on my hall and I couldn't get my shower."</p> <p>2. Medical record for Resident #3 documented an admission date of 10/24/11 with diagnoses of Dementia, Diabetes Mellitus II, Pain, Anxiety, Hypertension, Osteoarthritis, and History of Cerebrovascular Accident. Review of the MDS section "Brief Interview for Mental Status" (BIMS) documented a score of "15" (score of 13-15 cognitively intact). Review of the MDS assessment dated 1/31/12 in Section G.0120 Bathing documented Resident #2 required "...Physical help in part of bathing activity" with support of one person physical assist. Review of the ADL Flowsheet dated 2/1/12 - 2/29/12 documented the resident did not receive a shower on the scheduled shower days of 2/14/12, 2/23/12, and 2/28/12. Review of the ADL Flowsheet dated 4/1/12 - 4/30/12 documented the resident did not receive a shower on the scheduled shower days of 4/3/12, 4/5/12, 4/10/12, 4/14/12, and 4/28/12.</p> <p>During an interview with Resident #3 in her room on 4/30/12 at 10:12 AM, Resident #3 stated, "I get a bed bath when they will give me one. Just depends on who the tech is that's working that</p>	F 312	<ol style="list-style-type: none"> <li>1. Resident #2,3,4 and 5 are receiving bed baths / showers as per their plan of care</li> <li>2. Residents have been checked and are receiving bed baths / showers as per their plan of care.</li> <li>3. Nursing staff has been re-educated on providing assistance with baths / showers and on documenting on ADL (activities of daily living) flow sheets.</li> <li>4. The Director of Nursing, Assistant director of Nursing, charge nurses and / or designee will complete random audits of bath / shower completion and documentation 3 times per week for 4 weeks, then monthly for 2 months. Results of the audits will be reviewed at the Quality Assurance meeting for revisions as needed.</li> <li>5. Completion Date: June 15, 2012</li> </ol>

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

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day if I get a shower or a bed bath... I wish I got some kind of bath everyday."

3. Medical record review for Resident #4 documented an admission date of 7/15/11 with diagnoses of Osteoporosis, Hypertension, Congestive Heart Failure, Compression Fracture, Glaucoma and History of Deep Vein Thrombosis. Review of the MDS section "Brief Interview for Mental Status" (BIMS) documented a score of "13" (score of 13-15 cognitively intact). Review of the MDS assessment dated 4/17/12 in Section G.0120 Bathing documented Resident #4 required "...Physical help in part of bathing activity" with support of one person physical assist. Review of the ADL Flowsheet dated 2/1/12 - 2/29/12 documented the resident received one shower for the entire month of February, 2012. Review of the ADL Flowsheet dated 3/1/12 - 3/31/12 documented Resident #4 did not receive a shower on 3/2/12, 3/7/12 and 3/14/12. Review of the ADL Flowsheet dated 4/1/12 - 4/30/12 documented Resident #4 did not receive a shower as scheduled on 4/18/12.

During an interview in Resident #4's room on 4/30/12 at 10:05 AM, Resident #4 stated her showers are scheduled for Monday, Wednesday and Friday. Resident #4 stated, "Many weeks I only get one shower because they [facility] are short staffed..."

During an interview in the Social Worker's office on 4/30/12 at 2:10 PM the Director of Nursing (DON) was asked if Resident #4 received a shower on Monday, Wednesday and Friday as scheduled. The DON reviewed the ADL Flowsheet and stated, "According to this

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documentation, no she didn't."

4. Medical record review for Resident #5 documented an admission date of 3/4/10 with diagnoses of Schizophrenia, Depression, History of Colon Cancer, Anemia and Hypothyroidism. Review of the MDS assessment dated 4/17/12 in Section G.0120 Bathing documented Resident #4 required "...Physical help in part of bathing activity" with support of one person physical assist. Review of the ADL Flowsheet dated 2/1/12 - 2/29/12 documented Resident #5 received two showers for the entire month of February, 2012.

During an interview at the nurse's station on 4/30/12 at 1:28 PM, the DON was asked if the facility had a bathing policy. The DON stated, "We don't have a bathing policy. We have a schedule. Everybody gets 3 showers a week and a bath in between shower days unless they [residents] refuse..."

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