

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

PRINTED: 02/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ RECEIVED FEB 23 2012	(X3) DATE SURVEY COMPLETED C 02/06/2012
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NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00028338</p> <p>Based on medical record review and interview, it was determined the facility failed to follow physician's orders for scheduling a computerized tomography (CT) scan for 1 of 10 (Resident #2) sampled residents.</p> <p>The findings included:</p> <p>Closed medical record review for Resident #2 documented an admission date of 3/11/11 diagnoses of Chronic Respiratory Failure, Tracheostomy and Hypertension. Review of physician's orders dated 3/17/11 at 12:30 AM documented, "Please schedule for a X-Ray of the right knee in A.M." Review of the X-Ray report of the right knee dated 3/17/11 documented, "IMPRESSION: 1. Severe Osteoporosis. 2. Findings consistent with a joint effusion..." Review of physician's orders dated 3/17/11 at 9:30 AM documented, "...Schedule CT scan of R [right] knee (Dx [diagnosis]: Joint Pain)..." Review of physician's orders dated 3/23/11 at 3:40 PM documented, "Transfer to [name of hospital] ER</p>	F 309	<p>F309</p> <p>A. Resident #2 admitted to Bordeaux Long Term Care on March 11, 2011 for respite, medical, and nursing care due to ventilator dependency. Resident #2 was scheduled to move to Louisiana with her son and daughter and subsequently discharged on March 23, 2011. Resident #2 reported knee pain on March 17, 2011 and an order for Tylenol 650mg PO was provided for relief of knee pain. In addition, a right knee x-ray was ordered along with warm compress applications. X-ray results revealed resident #2 to have Severe Osteoporosis and Joint Effusion. An order was also written for a CT scan on March 17, 2011. The nurse failing to transcribe the order for the CT scan was in-serviced on the policy "Transcription of Medical Orders" on February 15, 2012. Nursing staff on the unit was also in-serviced beginning February 15, 2012.</p> <p>B. To identify additional potentially affected residents an audit of orders for any external scheduled appointments, including CT Scans, will be conducted by the PCM, Charge Nurse, DON, Director of Wound and Skilled Services, Nursing Supervisor, or Quality Manager for the previous three months to determine if the order was transcribed and scheduled. Any deficiencies noted will be corrected immediately and scheduled as they are identified. (See Attachment 1)</p>	3/15/12
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acceptable POC 2/22/12 JP PANICZ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>KMish</i>	TITLE <i>Administrative</i>	(X6) DATE <i>2-22-2012</i>
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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.

This same POC was faxed 2/22/12 JP

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F 309	<p>Continued From page 1</p> <p>[emergency room] for evaluation." The facility was unable to provide documentation that the CT scan of the right knee that was ordered on 3/17/11 was scheduled or performed.</p> <p>During an interview conducted via phone on 2/3/12 at 10:05 AM, registered nurse (RN) #1 was asked if the facility was able to find the results for the CT scan of the right knee ordered on 3/17/11. RN #1 stated the CT scan had not been completed before the resident was transferred to the hospital.</p>	F 309	<p>C. The Transcription of Medical Orders policy will be reviewed and revised by the Director of Nursing or Director of Wound and Skilled Services. The licensed nursing staff will be inserviced on the Transcription of Medical Orders policy in Skills Fairs that have been scheduled for February 11, 12, 13, 14, 22, 23, 2012 by the PCM, Charge Nurse, Clinical Educator, Nursing Supervisor, DON, Director of Wound and Skilled Services, or Quality Manager. (See Attachment 2)</p> <p>Objectives will include:</p> <ul style="list-style-type: none"> To ensure staff is entirely informed and understands the content of the Transcription of Medical Orders policy. Based on the type of order, emphasis will be placed to follow the appropriate guidelines to ensure the order is transcribed and scheduled appropriately and timely. Review of the tracking system for medical referrals will be re-evaluated to ascertain that its process entails comprehensiveness for receipt of the referral and timeliness of the ordered medical referral to be scheduled. <p>Medical Staff will also be in-serviced on the Transcription of Medical Orders policy in Long Term Care Committee on February 24, 2012 to address the following objective:</p> <ul style="list-style-type: none"> How to emphasize the urgency of the written order by using the listed terminology: <ul style="list-style-type: none"> ➤ NOW- Immediately within 15 minutes ➤ URGENT- As soon as possible, but not to exceed 4 hours ➤ ROUTINE-process orders during the regular shift ➤ STAT- occurs only during a "code" situation 	3/5/12
			<p>D. The PCM, Charge Nurse, DON, Director of Wound and Skilled Services, Nursing Supervisor, or Quality Manager will audit 20% of medical orders monthly for three months. When 95% of compliance has been reached for 3 consecutive months, audits will be conducted at the discretion of the DON or Manager of Quality/Risk Management. Audit results will be reported monthly in Quality Council Committee by the Director of Nursing.</p>	