

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

PRINTED: 04/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/03/2012
NAME OF PROVIDER OR SUPPLIER  ARDMORE ON MAIN CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449	
(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 309 483.25 PROVIDE CARE/SERVICES FOR  
SS=D HIGHEST WELL BEING

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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.

This REQUIREMENT is not met as evidenced by:

Intakes: TN00029533

Based on medical record review and interview, it was determined the facility failed to provide wound care and dressing change in accordance with the physician's order for 1 of 3 (Resident #2) sampled residents with wounds.

The findings included:

Medical record review for Resident #2 documented an admission date of 8/26/11 with diagnoses of Chronic Obstructive Pulmonary Disease, Schizophrenia, Diabetes Mellitus and Severe Venous and Arterial Insufficiency Ulcers. Review of a physician's order dated 3/27/12 documented, "...CLEANSE... RIGHT LOWER LEG... WITH NS [Normal Saline] APPLY MAXORB COVER WITH OPTIFOAM AND WRAP WITH KERLEX EVERY OTHER DAY AND PRN [as needed] - Day Shift Every 2 days..." Review of the March 2012 "Treatment Administration Record" (TAR) documented that wound care was done on 3/26/12. There was no documentation of wound care being done for

"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Ardmore on Main Care & Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."

1) Licensed nurse completed wound treatment as ordered and cleansed wound bed for RI#2 at 0330 on 3/29/2012. RI #2 transferred to hospital for evaluation and treatment to right lower extremity wound on 3/29/2012.

2). Residents with pressure and/or vascular wounds were re- assessed by the licensed nurse to validate that wound treatments were completed per physician orders. There were no additional concerns or issues identified.

3) Licensed nurses were re-educated on following physician orders for pressure/vascular wound treatments. This

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

TITLE

(X6) DATE

*Accepted POC 4/11/12*

*Administrator 4.11.12*

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 309 Continued From page 1

3/27/12 or 3/28/12, with an asterisk documented on 3/28/12. Review of "Change of Condition Documentation" dated 4/3/12 as a late entry for 3/29/12 documented, "...when pulling off drsg [dressing] to RLE [right lower extremity] there was approximately 4- [to] 5 maggots on soiled drsg to RLE..." Review of a physician's telephone order dated 3/29/12 documented, "...Send to [hospital name] ER [Emergency Room] for eval [evaluation] & [and] tx [treatment] to RLE wound..."

During an interview in the Administrator's office on 4/3/12 at 11:30 AM, the Director of Nursing (DON) was asked when the order for every other day wound treatment was received. The DON stated, "...3/26/12..." The DON was asked when was the last treatment for the wound done. The DON stated, "...3/26/12..." The DON was asked if a treatment was done on 3/28/12 as ordered. The DON stated, "...I don't see it in here [on the treatment record]. I assume if it's not initialed, you didn't do it..." The DON was asked what the asterisk on the TAR dated 3/28/12 indicated. The DON stated, "...it indicates not done..."

F 309

education was completed by administrative nursing staff on 4/12/2012.

4) The Director of Nursing or designee will perform audits of treatment records for pressure and/or vascular wound residents to determine that physician orders are being followed. These audits will be performed daily x 4 weeks, twice a week x 4 weeks, then monthly for 1 month. Audit results will be documented and taken to the Performance Improvement Committee meeting. The Performance Improvement Committee consisting of the Medical Director, Administrator, Director of Nursing Services, Staff Development Coordinator, Activities Director, Maintenance Director, and Nutritional Services Director will monitor the results of the audits monthly for 3 months; subsequent plans of correction will be implemented as necessary based on the audit results. 4/12/2012

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