

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

PRINTED: 09/07/2011
FORM APPROVED
OMB NO. 0938-0391

45th 10/15/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2011
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377
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F 000	INITIAL COMMENTS During the annual recertification survey and complaint investigation #28103, conducted on August 29 - 31, 2011, at Alexian Village of Tennessee, deficiencies were cited under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000	Alexian Village Health and Rehabilitation Center is committed to achieving success through providing excellent care and service to our residents through quality assurance, compliance, and continuous improvement.	09/17/11
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or	F 157	This Plan of Correction is respectfully submitted in response to the findings of an annual survey and is not an admission of the validity of any finding or facility's violation of any standard. This Plan of Correction serves as the facility's written credible allegation of substantial compliance with all standards. F 157 The facility will continue to notify families of any room change. 1. Resident #2 and Resident #6 showed no signs or symptoms of any distress from this practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Matthew T. Foy</i>	TITLE President & CEO / Interim Administrator	(X6) DATE 09/15/11
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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.

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F 157	<p>Continued From page 1 regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview the facility failed to notify the family of a room change for one resident (#2) and failed to notify the family and physician following a fall for one resident (#6) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on January 12, 2011, with diagnoses including Post Herpetic Neuralgia, Diabetes, Depressive Disorder, Osteoporosis, and Hypertension.</p> <p>Medical record review of a Care Plan Note dated July 1, 2011, revealed "Family Care Conference... (family member) stated that...was pleased with... (resident's) roommate however...was not informed of the room move..."</p> <p>Review of the facility's policy Room Transfer Policy revealed "...All room transfers will be documented on the standard notification slip, routed to all department heads...prompt notification of family..."</p> <p>Interview on August 31, 2011, at 8:20 a.m., with the Social Services Director, in the conference</p>	F 157	<p>2. No other residents have been identified to have been affected from this practice.</p> <p>The facility policy and procedure for notification of physician and family have been reviewed.</p> <p>3. As of September 16, 2011 The Director of Nursing will re-educate Social Services and Nurses on the facility's policy and procedure of notification to physicians and family's regarding room changes.</p> <p>Daily Monday through Friday as of September 1, 2011 all room changes and incident reports are reviewed by the Director of Nursing to ensure that notification to the physician and family have occurred. On weekends the RN Supervisor will review all incident reports and room changes to ensure that the physician and family have been notified.</p>	09/17/11	

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F 157	<p>Continued From page 2</p> <p>room, revealed the resident changed rooms on June 16, 2011, and confirmed the resident's family member was not notified when the resident was transferred to another room in the facility.</p> <p>Resident #6 was admitted to the facility on February 10, 2011, with diagnoses including Dementia, Glaucoma, and Anxiety.</p> <p>Medical record review of a nurse's note dated April 10, 2011, at 12:15 p.m., revealed "...Resident called out from room...resident found on floor...no injuries noted at this time..."</p> <p>Medical record review of the facility investigation of the fall dated April 10, 2011, revealed no documentation the family or physician was contacted after the fall.</p> <p>Interview by phone on August 30, 2011, at 11:32 a.m., with Registered Nurse (RN) #1 the nurse that completed the investigation, revealed the family and physician was not contacted after the fall.</p> <p>Medical record review of a nurse's note dated May 20, 2011, at 1:05 p.m., revealed "...Res(resident) lying in bathroom floor...no apparent injuries observed..." Continued review of the facility investigation of the fall revealed no documentation the physician was contacted after the fall.</p> <p>Interview with Licensed Practical Nurse (LPN) #6 on August 31, 2011, at 8:55 a.m., at the 600 hall nurse's desk revealed, the physician was not</p>	F 157	<p>4.</p> <p>Daily Monday through Friday Social services will report all room changes to the Director of Nursing. The Assistant Director of Nursing will report all incident reports to the Director of Nursing daily Monday through Friday.</p> <p>The Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11	

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F 157	<p>Continued From page 3 notified after the fall on May 20, 2011.</p> <p>Medical record review of the facility "Resident Safety and Fall Response Protocol" revealed, "...6. The attending physician and family member of the resident are notified of falls..."</p> <p>Interview with the Assistant Director of Nursing (ADON) on August 31, 2011, at 10:05 a.m., confirmed the facility policy for notification after a fall was not followed.</p> <p>C/O #28103</p>	F 157		09/17/11
F 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information</p>	F 164	<p>F 164</p> <p>The facility will continue to provide personal privacy and confidentiality to all residents' personal and clinical records.</p> <ol style="list-style-type: none"> 1. Resident #2 showed no signs and symptoms of distress from this practice. 2. No other residents have been identified to have been affected from this practice. 	

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F 164	Continued From page 4 contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to maintain privacy for one resident (# 2) of twenty residents reviewed. The findings included: Resident # 2 was admitted January 12, 2011 to the facility with diagnoses including Diabetes, Anemia, Post Herpetic Neuralgia, Hypertension, Hypothyroidism, and Depressive Disorder. Medical record review of the Minimum Data Set (MDS), dated June 17, 2011, revealed resident # 2 had moderately impaired cognitive skills. Observation on August 29, 2011, at 3:25 p.m., in the resident's room, revealed Licensed Practical Nurse (LPN) #4 administered two insulin injections, in the abdomen, without pulling privacy curtains or shutting the room door prior to the injections. Interview with LPN #4, outside the resident's room, at 3:35 p.m., confirmed the privacy curtains were not pulled and the door was not closed to provide privacy for the resident during the insulin administration.	F 164	As of September 16, 2011 The Director of Nursing has educated all Nursing staff on ensuring that privacy is provided during any type of procedure. 3. The Director of Nursing, Assistant Director of Nursing, Clinical Care Coordinators along with the RN Supervisors during their daily rounds will monitor to ensure that privacy is provided to all residents. 4. The Nurse Management Team will report all findings to the Director of Nursing. The Director of Nursing will report findings to Quality Assurance Committee monthly times three months.	09/17/11
F 242	483.15(b) SELF-DETERMINATION - RIGHT TO	F 242		

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F 242 SS=D	Continued From page 5 MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the facility admission packet, observation, and interview, the facility failed to allow a resident to make choices that were significant for one resident (#11) of twenty residents reviewed. The findings included: Resident #11 was admitted to the facility on June 10, 2010, with diagnoses of Pneumonia, Hypertension, and Wheezing. Medical record review of the Minimum Data Set (MDS) dated June 7, 2011, revealed the resident scored a 13 of 15 on the BIMS (Brief Interview Mental Status) which revealed the resident was cognitively intact. Medical record review of the Quality of Life Progress note dated November 19, 2010, revealed the resident had, "...displayed some unhappiness with the move..." Medical record review of the Care Plan Notes dated November 19, 2010, revealed "...family	F 242	F242 The facility will continue to let residents make choices. 1. Resident #11 was moved back to the seventh floor on August 22, 2011. 2. After review there were no other residents that were affected by this practice. The Director of Nursing as of September 16, 2011 has educated Social Services, Admissions and Nurses on the residents having the right to choose not to make a room change. 3. Daily Monday through Friday during the stand-up meeting all pending room changes will be discussed to ensure that the resident has agreed with the proposed room change and documentation is provided.	09/17/11	

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F 242	Continued From page 6 upset about resident being moved to 6th floor, caused resident to be more depressed, concerned over resident being so unhappy and family was told if resident's condition improved try to get resident moved back to 7th floor..." Review of the facility admission packet letter to the family/resident dated March 1, 2010, revealed, "...Determination of a change to 6th floor from the 7th floor is made based on the following criteria: When a resident needs to be fed; care needs require a higher staffing ratio. If a resident's care requirements decrease, they are sometimes eligible to go from 6th floor to 7th..." Telephone interview with the resident's Adult Child, on August 30, 2011, at 2:45 p.m., confirmed the resident had been moved from the 7th floor to the 6th floor in November, 2010, without regard for the family and resident's choice; and the family requested the resident to be moved back to the 7th floor which was not done until August 22, 2011. Interview with the Admission Coordinator, in the Social Service Office on August 31, 2011, at 9:34 a.m., confirmed the resident and the family had been requesting to be moved since "earlier in the year", and the resident had not been moved to the seventh floor because the physician did not agree with the move. Interview with the Social Worker, in the Tuscan Room on August 31, 2011, at 9:42 a.m., confirmed the resident and the family had been informed and did not approve of the room change from the 7th floor to the 6th floor in November, 2010, and the facility had not honored the	F 242	4. Social Services will report findings to the Quality Assurance Committee monthly times three months.	09/17/11	

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F 242	Continued From page 7 resident and the family's choices to return to the 7th floor after improvement was noted in February 2011, until August 22, 2011.	F 242		09/17/11
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to revise the care plan for three (#2, #8, and #14) of twenty residents reviewed. The findings included: Resident #2 was admitted to the facility on	F 280	F 280 The facility will continue to update and revise Resident Care Plans as changes occur. 1. Resident #2's care plan was revised and updated immediately. Resident #8's care plan was revised and updated immediately to reflect the resident's current condition. Resident #14's care plan was updated immediately to reflect the resident's current condition. 2. The Inter Disciplinary Team has reviewed all resident care plans. No other residents' were identified to have been affected from this practice.	

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F 280	<p>Continued From page 8</p> <p>January 12, 2011, with diagnoses including Post Herpetic Neuralgia, Diabetes, Depressive Disorder, Osteoporosis, and Hypertension.</p> <p>Medical record review of a nursing note dated August 26, 2011, at 8:20 p.m., revealed "Call light on at this time. Resident sitting in floor in front of wheelchair. Attempted to transfer self to bed. Wheelchair brakes off. Slid to floor out of wheelchair, causing an abrasion to...back...(no) c/o (complaints of) pain or discomfort."</p> <p>Review of documentation provided by the facility revealed after the resident's fall on August 26, 2011, anti-roll back brakes were to be applied to the resident's wheelchair.</p> <p>Medical record review of the current Care Plan, reviewed on July 1, 2011, revealed "...At risk for falls related to unsteady gait secondary to generalized weakness and fall history..." Continued review of the Care Plan revealed no documentation to include the need for the anti-roll back brakes to the resident's wheelchair.</p> <p>Observation on August 29, 2011, at 1:55 p.m., revealed the resident seated in a wheelchair, in the resident's room, without the anti-roll back brakes applied to the resident's wheelchair.</p> <p>Interview on August 30, 2011, at 4:25 p.m., with the Assistant Director of Nursing, at the nursing station, confirmed the resident's Care Plan was not revised to include the anti-roll back brakes.</p>	F 280	<p>3.</p> <p>The Director of Nursing as of September 16, 2011 has educated the Inter Disciplinary Team along with Nurses on updating care plans in a timely and accurate manner.</p> <p>The Inter Disciplinary Team and Nurses will update care plans based on resident individual needs.</p> <p>4.</p> <p>Daily Monday through Friday during stand up meeting the resident care plans are reviewed.</p> <p>Care Plans are reviewed weekly during PAR (Patient at Risk).</p> <p>All resident care plans are updated Quarterly and Annually with scheduled MDS assessments.</p> <p>The Director of Nursing and the Clinical Care Coordinators will audit ten care plans a week for twelve weeks.</p>	09/17/11
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F 280	<p>Continued From page 9</p> <p>Resident #8 was admitted to the facility on August 16, 2011, with diagnoses including Status Post Left Hip Fracture, Alzheimer's Disease with Dementia, Hypertension, and Diabetes.</p> <p>Medical record review of a physician's order dated August 17, 2011, revealed, "...Cleanse bilat (bilateral) heels (with) wound cleanser, pat dry. Apply skin prep let dry. Place bilat feet in (pressure relief boot) while in bed..."</p> <p>Medical record review of the interim care plan dated August 16, 2011, revealed no documentation related to the pressure ulcer.</p> <p>Medical record review of a physician's order dated August 26, 2011, revealed, "...Clean fluid filled blister to left heel (with) wound cleaner. Pat dry. Apply skin prep. Cover (with) dry gauze. Wrap (with) kerlix. Change daily..."</p> <p>Observation and interview on August 29, 2011, at 10:20 a.m., with Licensed Practical Nurse (LPN) #5, revealed the resident seated in a wheelchair, in the resident's room, with a dressing on the left foot dated August 26, and signed with LPN #3's first initial and last name.</p> <p>Interview on August 30, 2011, at 11:30 a.m., in the Minimum Data Set (MDS) office, with the Registered Nurse MDS Coordinator, confirmed the interim care plan was not updated to reflect the pressure ulcer.</p>	F 280	<p>The Director of Nursing will report findings to the Quality Assurance Committee monthly for three months.</p>	09/17/11
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F 280	Continued From page 10 Resident #14 was admitted to the facility on December 20, 2006, with diagnoses including Alzheimer's Disease, Hypertension, Degenerative Disc Disease, Osteoarthritis, Asthenia, Osteoporosis, Personal history of Falls, and Gait Abnormality. Medical record review of the Minimum Data Set (MDS) dated July 13, 2011, revealed the resident had long and short term memory problems, moderately impaired decision making, required limited assistance with transfers, ambulation, and hygiene, and minimal supervision with toileting. Medical record review of the Care Plan dated November 24, 2010, revealed, under Falls, the Care Plan had been updated to reflect the resident had falls on March 11, April 25, May 4, and July 20, 2011, and no documentation of interventions implemented following the falls. Further review of the Care Plan revealed an update July 20, 2011, for "Bed Alarm in bed". Medical record review of the facility's investigations for the falls on March 11, April 25, May 4, and July 20, 2011, revealed the resident had falls in the resident's room. Further review of the investigations revealed the facility implemented the following falls interventions: March 11 - Physical Therapy screen; April 25 - Remove chair seat cushion; May 4 - Medications and restraints reviewed; and July 20 - Continue bed alarm and change room closer to nurse's	F 280		09/17/11	

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F 280	Continued From page 11 station. Medical record review of the facility Nursing Progress Notes dated June 25, 2011, at 8:00 a.m., revealed, "Res (resident) observed on floor beside bed after staff responded to res call for help. Res in socks, pants removed, brief pulled down below hips ...Bed alarm turned off (no) injury apparent ..." Review of the facility's investigation for the Fall on June 25, 2011, revealed " ...Continue plan of care ...After PM (evening) meal/toilet/ (and) position in bed." Medical record review of the Care Plan dated November 24, 2010, and reviewed May 17, and August 4, 2011, revealed no documentation of the fall or any interventions for the fall on June 25, 2011. Interview with the Director of Nursing (DON) on August 31, 2011, at 11:10 a.m., in the DON's office, confirmed the bed alarm was placed " ...between May 13 and May 26, 2011 ..."; the resident had been ambulating in the room on June 25, 2011, and did not have a fall from the bed; and the bed alarm was incorrectly documented on the care plan as placed on July 20, 2011. Further interview confirmed the care plan had not been updated to reflect fall interventions following the falls on March 11, April 25, May 4, and June 25, 2011.	F 280		09/17/11	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.	F 281	F 281 The Facility will continue to follow through with physician orders as written.		

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F 281	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow the physician's orders for one (#2) of twenty residents reviewed. The findings included: Resident #2 was admitted to the facility on January 12, 2011, with diagnoses including Post Herpetic Neuralgia, Diabetes, Depressive Disorder, Osteoporosis, and Hypertension. Medical record review of the May 1-31, 2011, physician's recapitulation orders revealed "...Blood Pressure and Pulse weekly..." Medical record review revealed no documentation the Blood Pressure (B/P) and Pulse (P) were checked from May 1, 2011, until May 15, 2011, and the B/P was 129/68, and P was 68. Interview on August 31, 2011, at 11:30 a.m., with the Assistant Director of Nursing, at the nursing station, confirmed there was no documentation the resident's B/P or P was checked from May 1, 2011, until May 15, 2011, and confirmed the physician's orders were not followed.	F 281	1. Resident #2 showed no signs or symptoms of any distress from this practice. 2. No other residents' were found to have been affected by this practice. As of September 16, 2011 the Director of Nursing has re-educated all nurses on following through with physician orders and documentation when appropriate. 3. The Director of Nursing along with Clinical Care Coordinators will audit Medication and Treatment records weekly times twelve weeks to ensure compliance. 4. The Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months.	09/17/11	
F 314 SS=G	C/O #28103 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores	F 314			

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F 314	<p>Continued From page 13</p> <p>does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide treatment for a pressure ulcer for one (#8) resident of twenty residents reviewed resulting in harm to resident #8.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility on August 16, 2011, with diagnoses including Status Post Left Hip Fracture, Alzheimer's Disease with Dementia, Hypertension, and Diabetes.</p> <p>Medical record review of the Braden Scale for Predicting Pressure Sore Risk dated August 16, 2011 revealed the resident was at moderate risk for development of pressure sores.</p> <p>Medical record review of the Admission Skin Assessment dated August 16, 2011, revealed left heel red and "no areas of apparent skin impairment".</p> <p>Medical record review of a physician's order dated August 17, 2011, revealed, "...Cleanse bilat (bilateral) heels (with) wound cleanser, pat dry. Apply skin prep let dry. Place bilat feet in (pressure relief boot) while in bed..."</p>	F 314	<p>F 314</p> <p>The facility will continue to follow physician orders to assure that all treatments and dressings are completed.</p> <p>1. Resident #8's dressings were changed when identified.</p> <p>The low air loss mattress settings were corrected to the appropriate weight for the resident.</p> <p>Physician was notified and the Certified Wound Nurse received orders to continue current orders.</p> <p>2. No other residents were found to have been affected by this practice.</p> <p>LPN #2 no longer is employed with Alexian.</p>	09/17/11
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F 314	<p>Continued From page 14</p> <p>Medical record review of the PAR (patient at risk) Notes dated August 23, 2011, revealed, "...wt (weight)...111.2 (pounds)..."</p> <p>Medical record review of the Weekly Wound Observation Report dated August 26, 2011, revealed, "...Pressure Ulcer...Stage II...L (length) 3.6 (centimeters) W (width) 4.2 (centimeters) clear fluid filled blister...Exudate Amount (drainage) none...Comments: Res (resident) admitted (with) bilateral red boggy heels. Post op left hip repair..."</p> <p>Medical record review of a physician's order dated August 26, 2011, revealed, "...Clean fluid filled blister to left heel (with) wound cleaner. Pat dry. Apply skin prep. Cover (with) dry gauze. Wrap (with) kerlix. Change daily..."</p> <p>Medical record review of the Treatment Record dated (August, 2011) revealed, "...Clean clear fluid filled blister (with) wound cleaner. Pat dry. Apply skin (prep). Cover (with) dry gauze. Wrap (with) kerlix. Change daily..." Continued review of the treatment record revealed the treatment was initialed by LPN #2 as completed on August 27 and 28, 2011.</p> <p>Medical record review of a facsimile transmittal sheet to the physician dated August 30, 2011, revealed, "... (resident #8) noted to have decline in wound to left heel. Wound has progressed to unstageable Has dark red/purple area to center of wound. Area only opened at top of blister..."</p> <p>Medical record review of the Weekly Wound Observation Report (undated) revealed, "...wound</p>	F 314	<p>The Director of Nursing as of September 16, 2011 has educated all nurses on completing and following through with physician orders.</p> <p>3. Daily the Certified Wound Care Nurse or RN Supervisor will complete all dressing changes following the physician's order.</p> <p>4. The Assistant Director of Nursing will review all dressing changes weekly and report findings to the Director of Nursing.</p> <p>The Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11

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F 314	<p>Continued From page 15</p> <p>measured on 8/30/11. 4.5 (centimeters) x 6.2 (centimeters) open area at top of blister measures 2.3 (centimeters) in length. Has deep purple area in center of wound that measures 3 (centimeters) x 3 (centimeters). Wound noted to have small to moderate amount of (serosanguineous) drainage. Contacted MD (physician)...cont (continue) current tx (treatment) at this time..."</p> <p>Observation and interview on August 29, 2011, at 10:20 a.m., with Licensed Practical Nurse (LPN) #5, revealed the resident seated in a wheelchair, in the resident's room, with a dressing on the left foot dated August 26, and signed with LPN #3's first initial and last name.</p> <p>Observation on August 30, 2011, at 9:40 a.m., revealed LPN #3 (wound care nurse) providing wound care to the resident's left heel. Continued observation revealed LPN #3 removed the dressing from the left heel and described the wound as follows: an unstageable pressure ulcer, measuring 4.5 cm (centimeters) x 6.2 cm, with a blister open at the top of the wound measuring 2.3 cm in length, with a small to moderate amount of serosanguineous drainage. Continued observation and interview with LPN #3 revealed "that's much worse", (after removing the dressing from the left heel pressure ulcer).</p> <p>Observation and interview on August 30, 2011, at 9:40 a.m., with LPN #3, revealed the resident lying on the bed with a pressure mattress on the bed. Continued observation and interview revealed the pressure mattress setting at 200-250 pounds. (resident's weight documented on August 23, 2011, was 111.2)</p>	F 314		09/17/11
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F 314	Continued From page 16	F 314		09/17/11
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide bladder assessments for two residents (#17, #2) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #17 was admitted to the facility on October 23, 2007, with diagnoses including Multiple Sclerosis, Muscle Weakness, Degenerative Disk Disease, and Urinary Retention.</p>	F 315	<p>F 315</p> <p>The facility will continue to provide bladder assessments to residents.</p> <p>1. Resident #17 A bladder assessment has been completed.</p> <p>Resident #2 A bladder assessment has been completed.</p> <p>2. All residents have been reviewed to ensure that a bladder assessment has been completed.</p> <p>No other residents were affected from this practice.</p>	

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F 315	<p>Continued From page 17</p> <p>Medical record review of the Minimum Data Set (MDS) dated July 3, 2011, revealed the resident had no communication deficits, required assistance with transfers, was non-ambulatory but mobile in room and facility with motorized chair, and could make needs known. Continued review of the MDS revealed the resident had not participated in a trial toileting program since admission, reentry, or urinary incontinence noted. Continued review revealed the resident was frequently incontinent of urine.</p> <p>Interview with the Assistant Director of Nursing, on August 31, 2011, at 11:25 a.m., in the conference room, confirmed the resident had not been assessed to determine candidacy for bladder training.</p> <p>Resident #2 was admitted to the facility on January 12, 2011, with diagnoses including Post Herpetic Neuralgia, Diabetes, Depressive Disorder, Osteoporosis, and Hypertension.</p> <p>Medical record review of the Minimum Data Set dated June 17, 2011, revealed the resident had moderately impaired cognitive skills and was frequently incontinent of bladder.</p> <p>Medical record review revealed no documentation a bladder assessment had been completed or a bladder retraining program had been developed for the resident.</p> <p>Observation on August 30, 2011, at 11:24 a.m., revealed the resident walking, using a rolling walker, to the dining room, with the assistance of a Certified Nursing Assistant.</p>	F 315	<p>The Director of Nursing as of September 16, 2011 has educated all nurses on initiating and completion of a bladder assessment for all new admissions.</p> <p>3. All new admissions are reviewed by the Nurse Management Team and RN Supervisor to ensure that a bladder assessment was initiated.</p> <p>4. The Clinical Care Coordinators weekly will review all bladder assessments for completion. Findings will be reported to the Director of Nursing who will report findings to the Quality Assurance Committee monthly time three months.</p>	09/17/11
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F 315	Continued From page 18	F 315		09/17/11	
F 323 SS=D	<p>Interview on August 30, 2011, at 8:15 a.m., with Licensed Practical Nurse (LPN) #1, at the nursing station, confirmed the resident had not been assessed for a bladder retraining program.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide an environment free from hazards for one resident (#14) and failed to provide a safety device on the wheelchair for one resident (#2) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #14 was admitted to the facility December 20, 2006, with diagnoses including Alzheimer's Disease, Hypertension, Degenerative Disk Disease, Osteoarthritis, Asthenia, Osteoporosis, Personal history of Falls, Fall Risk, Gait Abnormality, Hypokalemia, and Urinary Tract Infection.</p> <p>Medical record review of the Minimum Data Set (MDS) dated July 13, 2011 revealed the resident</p>	F 323	<p>F 323 The facility will continue to provide a safe and hazardous free environment.</p> <p>1. Resident #14 showed no signs and symptoms of distress from this practice.</p> <p>The curling iron was removed immediately.</p> <p>Resident #2 the anti-roll back brakes were applied when the issue was identified.</p> <p>2. No other residents were identified to have been affected from this practice.</p> <p>All staff was educated by the Director of Nursing as of September 16, 2011 on providing a safe and hazardous free environment.</p>		

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F 323	<p>Continued From page 19</p> <p>had long and short term memory problems, moderately impaired decision making, required limited assistance with transfers and ambulation, hygiene, and required minimal supervision with toileting.</p> <p>Observation on August 29, 2011, at 9:22 a.m., revealed a curling iron attached to the mirror, with a red light visible, and plugged in to the outlet in the bathroom.</p> <p>Observation on August 30, 2011, at 11:20 a.m., on the 7th floor hallway, revealed the resident ambulating in the hallway with a rolling walker asking, "where do I go".</p> <p>Interview with Licensed Practical Nurse (LPN) #4 and Certified Nurse Technician (CNT) #2 on August 29, 2011, at 9:22 a.m., in the bathroom confirmed the curling iron was hot to touch, was not to be left unattended, resident #14 was ambulatory with a rolling walker, and used the bathroom frequently without assistance. Continued interview confirmed the hot curling iron was a hazard risk for resident #14.</p> <p>Resident #2 was admitted to the facility on January 12, 2011, with diagnoses including Post Herpetic Neuralgia, Diabetes, Depressive Disorder, Osteoporosis, and Hypertension.</p>	F 323	<p>3.</p> <p>The Director of Nursing, Assistant Director of Nursing, Clinical Care Coordinators and RN Supervisors during daily rounds will assess for safety issues.</p> <p>During the stand- up meeting all incident reports are reviewed to ensure that all interventions are in place and documented.</p> <p>4.</p> <p>The Nurse Management team will report all findings to the Assistant Director of Nursing daily. The Assistant Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11
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F 323	Continued From page 20 Medical record review of the Minimum Data Set dated June 17, 2011, revealed the resident had moderately impaired cognitive skills, required extensive assistance with transfers, and had experienced a fall without injury. Medical record review of a nursing note dated August 26, 2011, at 8:20 p.m., revealed "Call light on at this time. Resident sitting in floor in front of wheelchair. Attempted to transfer self to bed. Wheelchair brakes off. Slid to floor out of wheelchair, causing an abrasion to...back...(no) c/o (complaints of) pain or discomfort." Review of documentation provided by the facility revealed after the resident's fall on August 26, 2011, anti-roll back brakes were to be applied to the resident's wheelchair. Observation on August 29, 2011, at 1:55 p.m., revealed the resident seated in a wheelchair, in the resident's room, without the anti-roll back brakes applied to the resident's wheelchair. Observation and interview on August 29, 2011, at 3:43 p.m., with the Assistant Director of Nursing, in the resident's room, revealed the resident lying on the bed with the wheelchair, next to the resident's bed, and confirmed the anti-roll back brakes had not been applied to the resident's wheelchair.	F 323		09/17/11	
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections;	F 328	F 328 The facility will continue to change all oxygen tubing in a timely manner and date per facility policy.		

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F 328	<p>Continued From page 21</p> <p>Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, and interview the facility failed to assure Nasal Cannula (type of oxygen delivery system) tubing was changed timely for two residents (#7,#13) and failed to assure a Nebulizer tubing was changed timely for one resident (#11) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on December 30, 2010, with diagnoses including Osteomyelitis, Pressure Ulcer, Hypertension, and Pacemaker Placement. Medical record review of the Physician's Recapitulation Orders for August 2011, revealed, "...O2 (oxygen) at 2L/MIN (two liters minute) by N/C (nasal cannula)..."</p> <p>Observation on August 29, 2011, at 10:05 a.m., in the resident room revealed a portable oxygen tank with a nasal cannula attached. Continued observation at this time revealed the cannula tubing was dated May 15, 2011.</p> <p>Review of the facility policy for Oxygen Equipment Change Out revealed, "...nasal cannula...changed every week...document time of</p>	F 328	<ol style="list-style-type: none"> Resident #7 and Resident #13 Nasal cannula tubing was changed when identified. Resident #11 Nebulizer tubing was changed when identified. An audit was completed and no other residents were identified to have been affected by this practice. The Director of Nursing as of September 16, 2011 has educated Nurses on facility policy and procedure for changing Nasal cannula and nebulizer tubing. Weekly the RN Supervisor will monitor nasal cannula and nebulizer tubing to ensure that it is changed in a timely manner and dated per facility policy. The RN Supervisor will report findings to the Assistant Director of Nursing. 	09/17/11

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F 328	<p>Continued From page 22 change and initial..."</p> <p>Interview with Licensed Practical Nurse (LPN) #7 on August 29, 2011, at 10:15 a.m., in the residents room confirmed, the date on the nasal cannula tubing was May 15, 2011.</p> <p>Resident #13 was admitted to the facility on November 30, 2007, with diagnoses including Hypotension, Anemia, and Atrial Fibrillation. Medical record review of the Physician's Recapitulation Orders for August 2011, revealed, "...O2 (oxygen) at 2L/MIN (two liters per minute) PER (by) N/C (nasal cannula) as needed for Dyspnea..."</p> <p>Observation on August 29, 2011, at 10:08 a.m., in the resident's room revealed a portable oxygen tank with a nasal cannula attached. Continued observation at this time revealed there was no date on the nasal cannula tubing to indicate when the tubing was last changed.</p> <p>Interview with LPN #7 on August 29, 2011, at 10:17 a.m., in the residents room confirmed, there was no date on the nasal cannula tubing to indicate when the tubing was last changed.</p> <p>Interview with the Director of Nursing (DON) in the facility conference room on August 30, 2011, at 9:05 a.m., confirmed the facility policy for oxygen equipment change out was not followed.</p> <p>Resident (#11) was admitted to the facility on June 10, 2010, with diagnosis of Pneumonia, Hypertension, and Wheezing.</p>	F 328	<p>The Assistant Director of Nursing will report findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11
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F 328	Continued From page 23 Medical record review of the Physician's Orders dated August 1, 2011, through August 31, 2011, revealed "...Budesonide UD (Unit Dose) 0.5 mg (milligram) 2ML (milliliters) Ampul-Neb for Pulmicort Respules use per nebulizer twice daily...", medical record review of the Comprehensive Physician's Order Sheet dated August 25, 2011, revealed "...change Duo Neb Nebs tx (treatment) to every 6 hours scheduled times 7 days then resume every 6 hours PRN (as needed)..."	F 328		09/17/11
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS Interview with Licensed Practical Nurse LPN #4 on August 29, 2011, at 9:22 a.m., in the resident's room, confirmed the nebulizer tubing was dated "...8-14 at 11p.m ..." and according to the facility's policy tubing was to be changed weekly which would have been August 21 and August 28, 2011. 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	F 441	F 441 The facility will continue to provide a safe, sanitary and comfortable environment. 1. Resident #8 suffered no ill effects related to this practice. Resident #3 suffered no ill effects related to this practice.	

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F 441	<p>Continued From page 24</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, review of the facility policy, observation, and interview, the facility failed to perform hand hygiene during a dressing change for one (#8) resident, failed to ensure wound care supplies were cleaned after use for one (#3) resident of twenty resident reviewed, failed to ensure clean items were stored in a sanitary manner, and failed to perform hand hygiene while performing medication administration.</p> <p>The findings included:</p> <p>Resident #8 was admitted to the facility on August 16, 2011, with diagnoses including Status Post Left Hip Fracture, Alzheimer's Disease with</p>	F 441	<p>2.</p> <p>The LPN #3 as of September 16,2011 was educated by the Director of Nursing on the proper hand washing technique before donning gloves and changing gloves between each wound treatment when a resident has multiple areas to be cleaned and dressed.</p> <p>The bottle of wound cleanser was discarded and the treatment cart was cleaned when the issue was identified.</p> <p>The area under the sink in the seventh floor clean utility room has been emptied and cleaned.</p> <p>The sixth and seventh floor medication room areas under the sink have been emptied and cleaned.</p> <p>LPN #4 was educated by the Director of Nursing as of September 16, 2011 on the proper hand washing technique after removing gloves and before administering medication.</p>	09/17/11
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F 441	<p>Continued From page 25 Dementia, Hypertension, and Diabetes.</p> <p>Review of the facility policy, Dressing Change, revealed, "...Assemble the equipment and supplies necessary to perform the procedure...wash your hands...establish a clean field...put on exam gloves. Remove dressing...Remove gloves...wash hands..."</p> <p>Observation of the dressing change on August 30, 2011, at 9:40 a.m., with Licensed Practical Nurse (LPN) #3, revealed the following: LPN #3 washed the hands and applied gloves; removed the (pressure relief boot) from the left foot; removed the gloves and washed the hands; went to the treatment cart in the hall to obtain supplies; entered the room and placed the supplies on the barrier; applied gloves without washing the hands and removed the dressing on the left foot.</p> <p>Interview on August 30, 2011, at 10:05 a.m., with LPN #3, in the hall, confirmed the dressing was removed after obtaining supplies from the treatment cart in the hall without washing the hands.</p> <p>Resident # 3 was admitted to the facility on April 8, 2008, with diagnoses including Diabetes, Hypertension, Late Effects Heart Disease, Alzheimer's, Failure to Thrive, Weight Loss, and GERD (Gastric Esophageal Reflux Disease).</p> <p>Medical record review of the Minimum Data Set (MDS) dated June 4, 2011, revealed the resident was unable to communicate and had end stage dementia (memory loss). Continued medical record review revealed resident had multiple wounds to the left foot.</p>	F 441	<p>The trash can flip lids have been removed.</p> <p>LPN #4 and LPN #7 were educated by the Director of Nursing as of September 16, 2011 on the proper hand washing technique after a trash can is touched.</p> <p>The Director of Nursing as of September 16, 2011 has educated all staff on proper hand washing technique.</p> <p>3. The Assistant Director of Nursing (Infection Control Nurse) will audit two observations a week which will include dressing changes and medication pass for twelve weeks.</p> <p>4. The Assistant Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11	

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F 441	<p>Continued From page 26</p> <p>Review of the medical record document "weekly wound report", dated August 26, 2011, revealed the resident had stage four wounds to the left heel and left foot.</p> <p>Observation of LPN #3 during a dressing change on August 30, 2011, at 11:20 a.m., in the resident's room, revealed the LPN used a spray bottle of wound cleanser to clean the wounds while wearing gloves. Continued observation revealed after cleaning all 8 wounds, LPN # 3 sprayed cleanser on a wound, wiped the wound with gauze, then repeated the process for each of the eight wounds without changing gloves between wounds. LPN # 3 placed the dirty wound cleanser bottle back into the wound cart without disinfecting the outside of the bottle which was a multi-resident use bottle.</p> <p>Review of facility policy and procedure titled "Dressing Change", with no date, indicates "...discard soiled samples in trash bag, ...discard all used or soiled supplies in the trash bag..."</p> <p>Interview with LPN # 3, in the hallway outside of the resident's room, at 12:00 p.m., confirmed the wound cleanser bottle was contaminated during the dressing change with the use of dirty gloves, the wound cleanser was placed back in the wound cart for use on other residents and did not change gloves between cleansing each wound.</p> <p>Observation on August 29, 2011, at 9:33 a.m., in</p>	F 441		09/17/11
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F 441	<p>Continued From page 27</p> <p>the Clean Utility Room on the 7th floor revealed 12 boxes of unsterile gloves, 2 liter of diet coke partially full, a bottle of juice in a plastic bag, plastic cups, and napkins partially covered in plastic under the sink.</p> <p>Interview with Licensed Practical Nurse (LPN) #4 on August 29, 2011, at 9:33 a.m., in the clean utility room on the 7th floor confirmed the area under the sink was considered dirty and clean items were not to be stored the under the sink.</p> <p>Observation on August 31, 2011, at 8:05 a.m. in the medication room on the 6th floor revealed a bottle of whiskey 750 ml (milliliter) one-third full labeled with a resident name, a twelve ounce glass bottle of beer with no name, Riesling wine 750 ml with no name, five full flats of laboratory tubes covered in plastic, five partial flats of laboratory tubes partially covered with plastic, and a 1000 ml bag of intravenous fluids out of the package all under the sink.</p> <p>Interview with the Registered Nurse (RN) Supervisor, on August 31, 2011, at 8:08 a.m. in the medication room on the 7th floor, confirmed alcoholic beverages were to be labeled with residents names and one bottle belonged to an expired resident, laboratory tubes were stored in the cabinet further interview confirmed the area under the sink was considered dirty and clean supplies were not to be stored under the sink.</p> <p>Observation on August 31, 2011, at 8:20 a.m., in the medication room on the 7th floor, revealed 2 boxes of 50 pairs of sterile gloves under the sink.</p> <p>Interview with the Wound Care Coordinator, on</p>	F 441		09/17/11
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F 441	<p>Continued From page 28</p> <p>August 31, 2011, at 8:20 a.m., in the medication room on the 7th floor, confirmed the area under the sink was considered dirty and clean items were not be stored under the sink.</p> <p>Observation during medication pass, on August 29, 2011, between 3:25 p.m. and 4:30 p.m., on the 7th floor, revealed the following: LPN # 4 used a hand sanitizer wipe, touched the trash can lid to open the trash, disposed of the wipe, opened medication packages, placed the medications in a container, opened the trash can lid on the side of the medication cart and placed trash in the container and failed to wash or sanitize the hands after touching dirty trash can lid, on three separate occasions.</p> <p>Continued observation revealed LPN #4 gave two insulin injections with gloved hands, removed gloves and failed to wash the hands before obtaining Advair inhaler and administering to the next resident.</p> <p>Interview with LPN # 4, in the hallway outside the resident's room, confirmed the dirty trash can lid was opened with the hands and failed to wash the hands and change the gloves after touching the contaminated lid, on three separate occasions; and failed to wash the hands after the insulin injections.</p> <p>Observation during medication pass, on August 30, 2011, between 8:15 a.m. and 9:00 a.m., on the 6th floor, revealed LPN # 7 opened medication packages, placed the medications in a container, opened the dirty trash can lid and placed trash in the container on the side of the medication cart and failed to wash or sanitize the</p>	F 441			09/17/11

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F 441	Continued From page 29 hands after touching the trash can lid.	F 441		09/17/11	
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to notify the physician promptly after obtaining laboratory results for one resident (#6) of twenty residents reviewed. The findings included: Resident #6 was admitted to the facility on February 10, 2011, with diagnoses including Dementia, Glaucoma, and Anxiety. Medical record review of a physician's telephone order dated July 20, 2011, revealed, "...Please send sample of drainage around peg tube (feeding tube) for culture and sensitivity..." Medical record review of a laboratory culture dated July 23, 2011, revealed, "...abundant growth of staph (infection)..." Continued medical record review of the laboratory culture revealed the physician was not notified until July 25, 2011, of the culture result. Medical record review of a physician's telephone order dated July 26, 2011,	F 505	F 505 The facility will continue to promptly notify the attending physicians of lab results. 1. Resident #6 showed no signs and symptoms of any ill effects from this practice. 2. An audit was completed and no other residents were identified to have been affected by this practice. As of September 16, 2011 all nurses have been educated by the Director of Nursing on timely notification to the attending physician with lab results.	09/17/11	

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F 505	Continued From page 30 revealed, "...Bactrim DS po(by mouth) BID (two times a day) x (for) ten days..."	F 505	3. The Clinical Care Coordinators and RN Supervisor will review labs to ensure that timely notification to the physician has occurred.	09/17/11	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to ensure an accurate medical record for one (#8) resident of twenty residents reviewed. The findings included: Resident #8 was admitted to the facility on August 16, 2011, with diagnoses including Status Post Left Hip Fracture, Alzheimer's Disease with	F 514	4. The Clinical Care Coordinators and the RN supervisor will report all findings to the Director of Nursing. The Director of Nursing will report all findings to the Quality Assurance Committee monthly times three months. F 514 The facility will continue to maintain accurate clinical records. 1. LPN #5 is no longer employed with Alexian. 2. An audit was completed and no other residents were identified to have been affected by this practice.		

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F 514	<p>Continued From page 31 Dementia, Hypertension, and Diabetes.</p> <p>Medical record review of the Weekly Wound Observation Report dated August 26, 2011, revealed, "...Pressure Ulcer...Stage II...L (length) 3.6 (centimeters) W (width) 4.2 (centimeters) clear fluid filled blister...Exudate Amount (drainage) none...Comments: Res (resident) admitted (with) bilateral red boggy heels. Post op left hip repair..."</p> <p>Medical record review of a physician's order dated August 26, 2011, revealed, "...Clean fluid filled blister to left heel (with) wound cleaner. Pat dry. Apply skin prep. Cover (with) dry gauze. Wrap (with) kerlix. Change daily..."</p> <p>Medical record review of the Treatment Record dated (August, 2011) revealed, " ...Clean clear fluid filled blister (with) wound cleaner. Pat dry. Apply skin (prep). Cover (with) dry gauze. Wrap (with) kerlix. Change daily ..." Continued review of the treatment record revealed the treatment was initiated as completed on August 27 and 28, 2011.</p> <p>Observation and interview on August 29, 2011, at 10:20 a.m., with Licensed Practical Nurse (LPN) #5, revealed the resident seated in a wheelchair, in the resident's room, with a dressing on the left foot dated August 26, and signed with LPN #3's first initial and last name.</p> <p>Interview on August 30, 2011, at 10:40 a.m., with LPN #2, in the Quality of Life Office, with the Director of Nursing present, confirmed the treatment record was signed indicating the treatment was completed. Continued interview</p>	F 514	<p>The Nursing staff was educated by the Director of Nursing as of September 16, 2011 on keeping accurate clinical records and only documenting completed care.</p> <p>3. The Assistant Director of Nursing will do weekly random audits times twelve weeks.</p> <p>4. The Assistant Director of Nursing will report findings to the Quality Assurance Committee monthly times three months.</p>	09/17/11
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445123	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2011
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377
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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 514	Continued From page 32 confirmed LPN #2 did not change the dressing on the left foot on August 27 and 28, 2011.	F 514		09/17/11
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SEP 16 2011