

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

PRINTED: 05/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2015
NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111		
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F 000	INITIAL COMMENTS	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Ashton Place Health and Rehabilitation 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."		
F 280 SS=D	<p>Complaint surveys were conducted at the facility from 5/5/15 through 5/11/15. Deficient practice was cited for complaints as follows: complaint number TN00035683 - F371, complaint number TN00035738 - F280 and F412, complaint #TN00036045 - F309. All deficiencies were cited at a scope and severity of D. There were no deficient practice cited related to the investigation of the allegations for complaint numbers TN00035751 and TN00036239.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 280			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Acceptable POE 5/27/15 JP P... 2
[Signature] *5/27/15*

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 280	<p>Continued From page 1</p> <p>Based on policy review, medical record review, observation and interview, the facility failed to revise a resident's care plan to reflect current dental status for 1 of 3 (Resident #3) sampled residents reviewed for dental care of the 11 care plans reviewed.</p> <p>The findings included:</p> <p>Review of the facility's "Care Plans - Comprehensive" policy revealed, "...An individualized comprehensive care plan that includes measurable objectives and timetable to meet the resident's medical, nursing, mental and psychological needs is developed for each resident... Each resident's comprehensive care plan is designed to... Incorporate identified problem areas... Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change... The Care Planning / Interdisciplinary Team is responsible for the review and updating of care plans... When there has been a significant change in the resident's condition..."</p> <p>Medical record review revealed Resident #3 was admitted on 7/26/12 with diagnoses of Adult Failure to Thrive, Gastrostomy, Diabetes Mellitus Type 2, Vascular Dementia, Depressive Disorder, Delusions, Psychosis, Glaucoma, Blindness, Hypertension, Convulsions, Osteoporosis and Contracture.</p> <p>The annual Minimum Data Set with an assessment reference date of 7/21/14 documented the presence of dental cavity or broken natural teeth. The care plan dated 7/21/14 documented, "...mouth care prn [as needed]..."</p>	F 280	<p><u>F280</u></p> <p>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. Resident #3's Care Plan was revised 5/28/15 to reflect current dental status.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected. 100% of Residents' Care Plans will be audited by 5/29/15 to ensure correct and current dental status is up to date.</p> <p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>The Minimum Data Set Nurses, Director of Nursing and Unit managers will audit 16 random charts weekly x 4 weeks, then 8 weekly x 4 weeks, then 4 weekly x 4 weeks.. The Director of Nursing, Staff Developer and Unit Managers will in-service employees on/or before 5/26/15.</p>	5/29/2015	

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F 280	Continued From page 2 The dental progress note dated 3/28/15 documented, "Dental exam - All remaining teeth in poor condition with advanced periodontal disease. Advise extraction of all teeth (ten)..." Review of the oral assessments dated 1/19/15 and 4/20/15 revealed, "...Broken, Loose or Curiously Decayed Teeth? ...Yes..." Review of the social service progress note dated 4/20/15 revealed, "...Received dental consult on 3/28/15..." The social service progress note dated 5/11/15 documented the resident's responsible party "...has authorized for [Named Dental Provider] to extract decayed teeth..." Resident #3's care plan had not been updated to reflect the presence of diseased teeth and gums or the dentist's evaluation recommending the resident's remaining teeth be extracted. Observations during initial tour in Resident #3's room on 5/5/15 at 11:40 AM, on 5/6/15 at 11:50 AM and 2:45 PM, and on 5/7/15 at 2:35 PM, revealed the resident had a heavy plaque build-up on her teeth. Interview with the Director of Nursing (DON) on 5/11/15 at 11:28 AM, in the transitional room, the DON was asked if Resident #3's care plan had been revised to reflect the current condition of the resident's teeth and dental plan. The DON stated, "Will make sure she gets one [updated dental care plan] today."	F 280	How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. Findings of the audits will be presented to the Quality Assurance Team. (Members include: Administrator; Director of Nursing Services; Assistant Director of Nursing Services; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator) for three months for further recommendations and/or suggestions and follow up as needed.		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must	F 309			

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F 309	<p>Continued From page 3</p> <p>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: Based on medical record review and interview, the facility failed to follow a physician's order for restorative nursing therapy for 1 of 3 (Resident #7) sampled residents reviewed for restorative nursing services.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #7 was admitted to the facility on 8/30/13 with diagnoses of Hepatitis C, Hepatic Encephalopathy, Ascites, Hypertension, Cerebrovascular Accident, Anemia, Vascular Dementia, Chronic Kidney Disease, Diabetes Mellitus Type 2, Depressive Disorder, Insomnia and Hypothyroidism.</p> <p>A physician's order dated 2/15/15 documented, "Restorative P.T. [physical therapy] / O.T. [occupational therapy] Re [reference]: non-ambulatory..."</p> <p>The facility was unable to provide documentation of restorative therapy.</p> <p>The quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 3/2/15 documented the resident had a cognitive summary score of 14 out of a possible 15 indicating the resident was cognitively intact,</p>	F 309	<p><u>F309</u></p> <p>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident#7 is receiving physical therapy services per physician's order. An evaluation was conducted by Physical Therapy for Part B services, 5/12/15.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected. 100% chart audits will be conducted for orders that may have been overlooked by May 29, 2015.</p> <p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p>	5/29/2015	

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F 309	<p>Continued From page 4</p> <p>required extensive assistance of staff for transfer, hygiene and bathing, was non-ambulatory, was unsteady with standing and transfer and had no impairment in functional range of motion.</p> <p>Observations during initial tour in Resident #7's room on 5/5/15 at 11:55 AM, revealed Resident #7 lying in bed with the head of the bed raised approximately 40 degrees, alert, well groomed and dressed in her personal clothing.</p> <p>Interview with Resident #7 on 5/5/15 at 11:55 AM, in Resident #7's room, revealed the resident to be alert and oriented to person, place, time and situation. The resident was asked if she was able to get up and about. Resident #7 stated, "I can't stand by myself. My legs are very small. I get up and go to the beauty shop. I can stand and pivot with the CNA's [certified nursing assistant] help to the wheelchair. I'm suppose to be having therapy."</p> <p>Interview with Nurse #1 on 5/8/15 at 1:00 PM, at the B-wing nurses' station, Nurse #1 was asked how the facility processed physician orders for restorative nursing services. Nurse #1 stated, "The nurse will place the physical order in P.T.'s box." When asked how restorative nursing did not get started for Resident #7, Nurse #1 stated, "I'm not for sure."</p> <p>Interview with Nurse #2 on 5/11/15 at 9:30 AM, in the transitional room, Nurse #2 was asked why restorative nursing did not start working with Resident #7 when the order was written 2/15/15. Nurse #2 stated, "[Named Physician] wrote the order in February [2015]. The weekend nurse let the ball drop there. The order never made it to</p>	F 309	<p>The Clinic Team (consists of The Director of Nursing Assistant Director of Nursing, Minimum Data Set Nurses, Staff Developer and Unit Managers) will review 24 hour reports during each clinical meeting Monday-Fridays and in-service nursing employees by May 26, 2015. In addition, 16 charts will be audited weekly x 4 weeks, then 8 weekly x 4 weeks, 4 weekly x 4 weeks for orders not transcribed to ensure compliance.</p> <p>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>The results of the Care Plan Audit will be reviewed during the monthly Quality Assurance Performance Improvement Committee Meeting (Members include: Administrator; Director of Nursing Services; Assistant Director of Nursing Services; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator) for three months for further recommendations and/or suggestions and follow up as needed.</p>	
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F 309	Continued From page 5 restorative or rehab."	F 309		
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, the facility failed to ensure food was prepared under sanitary conditions as evidenced by 1 of 5 (Dietary staff member #1) dietary staff members failed to cover hair completely with a hair net while preparing the residents' meal trays during 1 of 2 (5/7/15) kitchen observations. The findings included: Review of the facility's "Preventing foodborne illness - Employee Hygiene and Sanitary Practices" policy revealed, "...Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens..." Observations in the kitchen on 5/7/15 beginning at 11:50 AM, revealed dietary staff member (DSM) #1 was behind the steam table preparing the residents' lunch plates with the hair net up at	F 371	F371 How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Dietary Staff Member#1 was in-serviced by the Administrator 5/22/15 regarding the policy for hair nets in dietary. How the facility will identify other Residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected by this alleged deficient practice.. What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.	5/29/2015

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F 371	Continued From page 6 the hairline and bangs down to the eyebrows were out from under the hair net. Interview with DSM #1 on 5/7/15 at 1:00 PM, in the hall outside of the kitchen, DSM #1 stated, "It [hair] slips out of the net." Interview with the Administrator on 5/8/15 at 6:30 PM, in the Administrator's office, the Administrator was asked if staff working in the kitchen should keep their hair completely covered with a hair net. The Administrator stated, "That's what our policy says."	F 371	Dietary employees will be in-serviced by the Administrator and/or Dietary Manager on or before 5/29/15 on the policy of hair net while in dietary. Also, the Administrator will make random audits of hair net usage twice weekly for 4 weeks, weekly x 4 weeks, then monthly x 2 months to ensure compliance. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. Results of audits will be presented during the monthly Quality Assurance Performance Improvement Committee Meeting (Members include: Administrator; Director of Nursing Services; Assistant Director of Nursing Services; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator) monthly x 4 months for further recommendations and/or suggestions and follow up as needed.	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to provide care and services related to the resident's dental/oral health in accordance with the assessment for 1 of 3 (Resident #9) sampled residents reviewed for dental care and oral hygiene. The findings included:			

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F 371	Continued From page 6 the hairline and bangs down to the eyebrows were out from under the hair net. Interview with DSM #1 on 5/7/15 at 1:00 PM, in the hall outside of the kitchen, DSM #1 stated, "It [hair] slips out of the net." Interview with the Administrator on 5/8/15 at 6:30 PM, in the Administrator's office, the Administrator was asked if staff working in the kitchen should keep their hair completely covered with a hair net. The Administrator stated, "That's what our policy says."	F 371			
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to provide care and services related to the resident's dental/oral health in accordance with the assessment for 1 of 3 (Resident #9) sampled residents reviewed for dental care and oral hygiene. The findings included:	F 412	F412 How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. Dental care for Resident #9 was initiated before 5/22/15 by Dental Provider and will continue to extract teeth as tolerable. How the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected. The Minimum Data Nurse and Unit Managers performed 100% of oral assessments and chart audits for orders to have teeth extractions.	6/3/2015	

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F 412	Continued From page 7 Medical record review revealed Resident #9 was admitted to the facility on 7/31/13 with diagnoses of Cerebrovascular Accident, Hypertension, Reflux Disease, Dyphagia, Anemia, Difficulty Walking, Muscle Weakness and Hyperlipidemia. The social service progress note dated 8/27/13 documented the resident was not eligible for financial assistance for dental services through her Medicaid insurance plan. Review of a dental progress note dated 11/6/13 revealed, "...PT [patient] HAS RAMPANT DENTAL CARIES..." The annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 7/30/14 documented a cognitive summary score of 3 out of a possible 15 indicating the resident was severely cognitively impaired, non-ambulatory, required extensive assistance of staff for dressing and hygiene, was dependent on staff for transfer, eating and bathing and had obvious or likely cavity or broken natural teeth. Review of the quarterly MDS with an ARD of 4/29/15 documented the same level of cognitive impairment and requirements for staff assistance for activities of daily living. The oral/dental status assessment documented the presence of mouth or facial pain, discomfort or difficulty with chewing. Review of the care plan dated 8/13/14 revealed, "...Cariou teeth at right upper front tooth. (Last dental visit was on 12/16/13), dentist eval [evaluation] and treatment plan written, but family did not comply financially)..."	F 412	What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur. The Administrator will in-service Social Services and Business Office Team (Business Office Manager, Assistant Business Office Manager and Accounts Payable Clerk) on or before June 3, 2015. The Administrator and Social Services will audit requests weekly during clinical meetings x 4 months for dental treatment and follow through for completion of services. How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.		

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F 412	<p>Continued From page 8</p> <p>The facility was unable to provide documentation of Resident #9 having received services for dental care needs.</p> <p>Observations in Resident #9's room on 5/6/15 at 12:55 PM during dining, and at 3:20 PM, on 5/7/15 at 2:10 PM and on 5/8/15 at 11:00 AM, revealed Resident #9 had several missing teeth and decay was noted on the upper teeth. There were no observed signs or symptoms indicating the resident was having mouth or facial pain.</p> <p>Interview with the Business Office Manager (BOM) on 5/11/15 at 10:35 AM, in the business office, the BOM confirmed Resident #9 did not have coverage for dental care through Medicaid.</p>	F 412	<p>The results of the Dental Request Audit will be reviewed monthly in the Quality Assurance Performance Improvement Committee Meeting (Members include: Administrator; Director of Nursing Services; Assistant Director of Nursing Services; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator) for four months for further recommendations and/or suggestions and follow up as needed.</p>		