

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

PRINTED: 06/10/2016
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

JUN 17 2016

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 05/17/2016
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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 250 SS=D	<p><i>6/20/16 - acceptable POC - Steve</i></p> <p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00038469</p> <p>Based on medical record review and interview, the facility failed to provide medically-related social services (SS) for 1 of 9 (Resident #5) sampled residents whose family member interfered with the resident's quality of life and care.</p> <p>The findings include:</p> <p>Medical record review revealed Resident #5 was admitted to the facility on 8/10/10 and readmitted on 7/5/2014 with a diagnoses of Dementia, UTI and Psychosis. Resident #5 was a 98 year old resident that was also documented to the diagnoses of Alzheimer's, Delirium and Osteoporosis that required a wheelchair for mobility.</p> <p>The resident's face sheet information revealed the resident's daughter was the resident's responsible party. The grandson was the second contact. No other family member was listed.</p> <p>Review of the Minimum Data Set (MDS) dated 3/23/2016 documented the resident had a BIMS (Brief Interview for Mental Status) score of 0</p>	F 250	<p>"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."</p> <p><u>F250</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>A new Social Services Director was hired on 05/24/2016 and Social Services last seen and documented on Resident #5's psychosocial status on 05/17/2016. A psychosocial care plan was reviewed and put in place by Social Services Director on 05/17/2016 to include Resident #5's past and current psychosocial needs related to resident's family member visits.</p>	06/17/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Steve Byrd</i>	TITLE <i>Administrator</i> (X6) DATE <i>6/16/2016</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.

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F 250	<p>Continued From page 1</p> <p>noting the resident was severely impaired. The resident is prescribed a psychotropic medication related to the disease process of Dementia</p> <p>Record review of the Departmental Notes revealed Social Services documented on 3/9/2016 at 10:41 AM the responsible party was notified that a family member was having "altercations" with Resident #5 and was not allowed to visit the resident until further notice. The nursing staff reported the resident was upset upon visit, the family member didn't sign in, continued to disregard facility visiting hours and tried to eat the resident's food. The responsible party "expressed understanding as the family member was yelling in the background during telephone conversation with this social worker. Interim DON notified and ADON. SW also notified APS [Adult Protective Services]. Nursing staff made aware."</p> <p>An addendum to the Departmental Notes was added on 3/9/2016 at 12:37 PM noting visitation restrictions for the family member until further notice related to safety for the resident. Staff witnessed the family member in the facility "having a shoehorn in their possession." All staff notified of visitation restriction, and responsible party was notified that the local police department will be notified upon the family member not following the visitation restriction.</p> <p>The Quarterly Note dated 3/25/2016 at 12:30 PM documented the resident "remains alert and oriented with periods of confusion, and requires assistance with ADL [activities of daily living] care. The resident is able to make needs known and understands others. The resident remains on the facility memory care unit, ambulatory per wheelchair. All sensory functions remain</p>	F 250	<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.</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 new Social Services Director and Social Services Staff will be in-serviced by the Administrator, Director of Nursing, or Assistant Director of Nursing by 06/17/2016 on the Social Services Policy. This in-servicing includes Social Services responsibility in meeting the social and emotional needs of residents, obtaining pertinent social data about personal and family problems related to residents illness and care, identifying social and emotional needs, and providing Social Services information to ensure treatment of the social and emotional needs of the resident as a part of the total plan of care. Additional in-servicing will be conducted by 06/17/2016 to include documenting as to why and where</p>	

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F 250	<p>Continued From page 2</p> <p>unchanged. No mood/behavior concerns noted this past quarter. The resident remains long term care with no plans of discharging. SW [social worker] will continue to monitor for any changes in mood, behavior or psychosocial wellbeing."</p> <p>Additional SS documentation was requested on 5/17/2016 for the last 6 months and could not be provided by the facility. In an interview on 5/17/16 the Director of Nursing stated the last social service documentation in the hard copy of the medical record for the resident was 6/23/2015. The electronic documentation, which began in March 2016, revealed documentation beginning 3/9/2016 ending 3/25/2016.</p> <p>Record review revealed the only documentation in the nurse's notes of an altercations with the resident's family member was on the following dates: 12/16/2015; 12/17/2015; and 12/19/2015. There was no additional documentation in the nurses progress notes of interventions to ensure the resident was monitored when the family member visited.</p> <p>Review of the resident's current plan of care plan dated 4/4/2016 and updated on 5/17/2016 revealed the plan of care did not address the resident's past or current psychosocial needs related to a family member's visits. There was no plan of care initiated to ensure the psychosocial needs of the resident whose family member was noted to have interfered with the resident's daily life and care.</p> <p>A review of the consult section of the current medical record did not indicate any interventions for a need for other social services interventions.</p>	F 250	<p>residents are moved in-house. A Social Services monitoring tool was initiated on 06/17/2016 to ensure any room changes for residents have Social Services documentation as to where and why they were moved, residents with family dynamics that impose a potential risk or altercations that involve residents are appropriately monitored and documented on by Social Services to include the residents mood, behavior, and psychosocial well-being, and to ensure an appropriate psychosocial plan of care is in place with specific, individualized interventions. This monitoring tool will be completed 3x/week x 4weeks, then weekly x 4 weeks, then monthly x 2 months.</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 Administrator, Director of Nursing, Assistant Director of Nursing, or Staff Development Coordinator will present the results of the Social Services Monitoring Log to the monthly Quality Assurance Performance Improvement Committee (Members include: Committee Chairperson – Administrator; Director</p>	

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F 250	<p>Continued From page 3</p> <p>In addition, the nurses' notes dated 4/2/2016 stated "Day #2 in house transfer. Adjusting well." There was no indication why the resident was transferred in house and to where the resident was transferred.</p> <p>Interview with the Director of Nursing on 5/16/2016 at 2:20 PM revealed that the social worker left 1 and a half weeks ago. She was not aware if the social worker documented what happened between the resident and family member. She stated the facility had called the police on the family member several times when he/she visited the resident. The responsible party, who is POA (Power of Attorney) had said the family member could visit however the family member would need to be removed if the family member "acts up."</p> <p>Interview with the Assistant Director of Nursing on 5/16/2016 at 2:55 PM revealed there was presently no social services staff in the building.</p> <p>On the first day of the survey, May 16, 2016, the census was 147 residents. A review on 5/16/2016 at 2:40 PM of the facility Key Management list revealed there was no personnel listed for the Social Services position. Interview with the facility administrator on 5/17/2016 at 10:15 am confirmed the facility was without a social service worker for the past 1 and a half weeks. The former social service worker left giving very little notice. The administrator was not aware of why nursing or the social worker had not documented the monitoring, including documentation, to assure the resident psychosocial needs were being noted and provided. The administrator and director of nursing stated the family member at this time</p>	F 250	<p>of Nursing; Assistant Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) for 4 months for further recommendations and/or follow up as needed.</p>		

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F 250 F 251 SS=E	<p>Continued From page 4 does not visit Resident #5.</p> <p>483.15(g)(2)&(3) QUALIFICATIONS OF SOCIAL WORKER > 120 BEDS</p> <p>A facility with more than 120 beds must employ a qualified social worker on a full-time basis.</p> <p>A qualified social worker is an individual with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals.</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to employ a full time qualified social worker.</p> <p>The findings include:</p> <p>1. Review of a document provided on the first day of the survey, May 16, 2016, revealed the facility census was 147 residents. Further review of the list of personnel provided by the facility on 5/16/2016 at 2:40 PM revealed there was no personnel listed by the Social Services position.</p> <p>Interview with the Director of Nursing on 5/16/2016 at 2:20 PM revealed that the social worker left 1 and a half weeks ago.</p> <p>Interview with the facility administrator on 5/17/2016 at 10:15 AM confirmed the facility was</p>	F 250 F 251	<p><u>F251</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>.A Social Services Director was hired on 05/24/2016.</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.</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 Administrator or Director of Nursing will immediately post for Social Services positions as they are notified and made aware of resignations. The facility now has 2 fulltime Social Services personnel.</p>	06/17/16
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F 251	Continued From page 5 without a social service worker for the past 1 and a half weeks. The administrator stated she was in the process of hiring a social service worker.	F 251	<p>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>The Administrator or Director of Nursing will present to the monthly Quality Assurance Performance Improvement Committee (Members include: Committee Chairperson – Administrator; Director of Nursing; Assistant Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) any openings in the Social Services</p> <p>Department ongoing and discuss where they are in-the hiring process for further suggestions and/or follow up as needed.</p>	
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