

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

RECEIVED

PRINTED: 04/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

APR 26 2013

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 04/17/2013
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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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(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 157 483.10(b)(11) NOTIFY OF CHANGES  
SS=D (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 regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:  
Intakes: TN00031454

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, Ashton Place Rehab and Care Center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.

F157

- 1- The Responsible Party of Resident #1 has been notified of the pressure ulcer on 4/24/13 by the Unit Manager of this Unit.
- 2- All residents have the potential to be affected by this alleged deficient practice.
- 3- Director of Nursing or Assistant Director of Nursing to in-service all licensed nursing staff on Notification of Change of Condition to the Responsible Party.  
  
The Director of Nursing or Assistant Director of Nursing to review incident reports with IDT team in the daily clinical meeting to ensure appropriate notification to the Responsible Party occurred.

4/27/13

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

TITLE

(X6) DATE

*Accepted POC JPPH/12*  
*Keaton, LNHA*

*CEO, LNHA*

*4/25/13*

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 Continued From page 1  
Based on medical record review and interview, it was determined the facility failed to notify the resident's physician and responsible party at the onset of a blister for 1 of 3 (Resident #1) sampled residents reviewed with decubitus ulcers.

The findings included:

Medical record review for Resident #1 documented an admission date of 9/4/12 with diagnoses of Alzheimer's Disease, Diabetes Mellitus, Chronic Kidney Disease, Hypertension and Anorexia. Nurses notes dated 3/17/13 documented, "4 PM Noted blister on L [left] heel. O [no] c/o [complaints of] pain. Left open to air. Tx [Treatment] nurse notified. Will continue to observe." There was no documentation the physician or the Responsible Party (RP) was notified at the onset of the blister. Review of a Weekly Pressure Ulcer Report dated 3/20/13 documented, "...STAGE II Size in CM [centimeters] 7.3 x [by] 7... Resident has large Fluid Filled Blister to L Medial Heel. Tx started..."

During an interview in the Memory Care Nurses Station on 4/17/13 at 9:30 AM, Nurse #3 stated, "...There was no order [physician's order for treatment of the blister] on the 17th [3/17/13], no documentation the family was notified..."

During an interview in the Memory Care Nurses Station on 3/17/13 at 10:00 AM, Nurse #1 stated, "...On the 17th [3/17/13] we should have notified..."

F 278 483.20(g) - (j) ASSESSMENT  
SS=D ACCURACY/COORDINATION/CERTIFIED

The assessment must accurately reflect the

F 157 4- Any concerns noted from this will be referred to the Quality Assurance (QA) Committee monthly for the next three (3) months for further recommendations.

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F 278	<p>Continued From page 2 resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined that the facility failed to accurately assess a resident with pressure ulcers for 1 of 5 (Resident #2) sampled residents reviewed.</p> <p>The findings included:</p>	F 278	<ol style="list-style-type: none"> <li>1- The MDS of Resident #2 for 12/31/12 and 3/28/13 have been corrected to accurately reflect this resident having a shearing.</li> <li>2- All residents have the potential to be affected by this alleged deficient practice.</li> <li>3- The Administrator and Director of Nursing in-serviced the MDS staff on coding of Section M of the MDS on 4/23/13.</li> </ol> <p>MDS Coordinators will round weekly with treatment nurse for residents with wounds in their assessment window to collectively complete section M of the MDS.</p> <p>MDS Coordinators will review wound report against MDS to ensure accurate coding during wound care meeting weekly.</p> <ol style="list-style-type: none"> <li>4- Director of Nursing or MDS Director will report any discrepancies to the Quality Assurance (QA) Committee monthly for the next three (3) months for further recommendations.</li> </ol>	4/27/13	

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F 278 Continued From page 3

Medical record review for Resident #2 documented an admission date of 7/13/07 with diagnoses of Hypertension, Hypothyroidism, Psychosis, Diabetes Mellitus, Osteoarthritis, Osteoporosis, and Congestive Heart Failure. Review of the Skin Condition Records documented the following:

- a. 10/9/12 - a "blister" on the left ankle.
- b. 10/16/12 - "80% [percent] slough" on the left ankle.
- c. 10/23/12 - "80% eschar 20% granulation."

Review of the physician order dated 10/16/12 documented, "Apply Santyl... to Lt [left] ankle." The wound healed on 4/9/13.

Review of the Minimum Data Set (MDS) dated 12/31/12 and 3/28/13 documented in Section M that the resident had no pressure ulcers.

During an interview in the conference room on 4/17/13 at 9:50 AM, Nurse #1 stated the wound on the left ankle was "...considered a pressure ulcer..."

During an interview in the conference room on 4/17/13 at 11:20 AM, Nurse #1 stated this was considered a pressure ulcer and was discussed in the wound care meetings.

During interview in the MDS office on 4/17/13 at 10:45 AM, Nurse #7 stated, "Go by the wound care reports given by the wound care nurse at the wound care stand up meetings." Nurse #7 was asked what the Santyl was ordered for. Nurse #7 stated, "I am not going to answer that question. We are all taught only a little of this and a little of that in nursing school. We are not all jack of all

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F 278 Continued From page 4  
trades. You learn to specialize." Nurse #7 was asked about the report of 10/16/13. Nurse #7 stated, "Code should have been changed at that time."

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