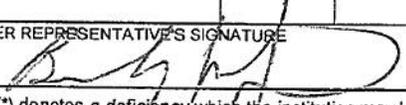


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011
FORM APPROVED
OMB NO. 0938-0391

45th 6/25/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445392	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/11/2011
NAME OF PROVIDER OR SUPPLIER ADAMSPPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(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	
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain the dietary equipment in a sanitary manner.</p> <p>The findings included:</p> <p>Observation on May 9, 2011, beginning at 9:45 a.m., with the executive chef present, revealed the following:</p> <ol style="list-style-type: none"> 1.) The four burner range top spill pan was foil lined with a heavy greasy layer of burnt black debris under the foil and on the surface of the foil. 2.) The four burner range back splash had an area of black burnt debris present. 3.) The four burner range had a grill. The left side and the rear of the grill surface had an accumulation of blackened debris present. 4.) The six burner range back splash had an accumulation of blackened debris present. <p>Interview on May 9, 2011, beginning at 9:45 a.m., with the executive chef, confirmed the four burner</p>	F 371	<p>Survey Date: May 9-11, 2011</p> <p>The Plan of Correction is submitted as required under State and Federal Law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.</p> <p>The four and six burner ranges were both cleaned on May 9, 2011.</p> <p>All dietary staff were inserviced on May 10, 2011 on proper cleaning of equipment.</p> <p>Director of Food Services and/or Executive Chef will do a QA weekly for 4 weeks and as needed to ensure ongoing compliance.</p>	6/1/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Administrator DATE 5-24-11

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 371	Continued From page 1 range top spill pan had a heavy greasy layer of burnt black debris under the foil and on the surface of the foil that lined the spill pan. Further interview confirmed the four burner range back splash had an area of black burnt debris. Further interview confirmed the left side and the rear of the grill surface had an accumulation of blackened debris on the four burner range unit. Further interview confirmed the six burner range back splash had an accumulation of blackened debris.	F 371			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by:	F 425	Resident #6 received Coumadin as ordered by the physician on May 5, 7, 10, 2011. An audit of all medication available in medication cart was completed 5/10/11 for all patients with a physician order for Coumadin to ensure that the pharmacy had dispensed the required number of pills, according to MD order, for medication pass.		

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F 425	<p>Continued From page 2</p> <p>Based on medical record review, pharmacy record review, and interview, the facility pharmaceutical service failed to dispense the quantity of Coumadin required for one resident (#6) of eighteen resident records reviewed.</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on April 1, 2011, and readmitted on April 22, 2011, with diagnoses including Late Effect Cerebrovascular Accident with Left Hemiparesis, Embolism, Atrial Fibrillation, Tachycardia, Cardiac Pacemaker, Congestive Heart Failure, and Hypertension.</p> <p>Medical record review of the physician order dated April 22, 2011, revealed "...Coumadin 7.5 milligrams (mg) po (by mouth) daily at HS (hour of sleep)..."</p> <p>Medical record review of the physician telephone order dated April 29, 2011, revealed "...Coumadin 7.5 mg po on Tuesday, Thursday, Saturday, Sunday..."</p> <p>Review of the pharmacy Fill History Form revealed the pharmacy dispensed ten doses of Coumadin 7.5 mg on April 22, 2011. Further review revealed the ten doses would meet the patient's needs for April 22 through May 3, 2011, per physician orders.</p> <p>Interview by speaker phone with Licensed Practical Nurse #1 (LPN) on May 10, 2011, at 2:35 p.m., with the facility unit manager and Director of Nursing present revealed LPN #1 did not have Coumadin 7.5 mg available in the medication cart for May 5 and 7, 2011. Further</p>	F 425	<p>All licensed nursing staff were inserviced regarding procedures for obtaining medications from the pharmacy or back-up medication box. DON reviewed pharmacy dispensing procedures with the providing Pharmacist to ensure that medications are dispensed in sufficient quantity as ordered by the physician.</p> <p>A quality assurance study will be completed monthly X 3 and as needed to ensure ongoing compliance. The QA studies will be reviewed by the DON and findings will be reported to the QA committee.</p>	6/1/11	

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F 425	Continued From page 3 interview confirmed LPN #1 had not notified the pharmacy of the lack of medication. Interview by speaker phone with the LPN #2 on May 10, 2011, at 11:45 a.m., with the facility unit manager present revealed LPN #2 did not have Coumadin 7.5 mg available in the medication cart for May 8, 2011. Further interview confirmed LPN #2 had not notified the pharmacy of the lack of medication. Interview with the Director of Nursing on May 11, 2011, at 7:40 a.m., in the private dining room confirmed the pharmacy failed to dispense the quantity of Coumadin necessary to meet the patient's need as ordered by the physician.	F 425			