

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

RECEIVED

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES A LAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2010
NAME OF PROVIDER OR SUPPLIER BAPTIST MEMORIAL HOSP-Memphis SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120	
(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 309 SS = E	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must 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: Complaint investigation for TN00025248</p> <p>Based on policy review, medical record review, observation and interview, it was determined the facility failed to access for potential and actual skin breakdown for 1 of 10 (Resident # 10) sampled residents and failed to follow physician's orders for intermittent compression stockings or a laboratory test for 3 of 10 (Residents # 3, 5 and 6) sampled residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Review of the facility's "Pressure Ulcer Prevention and Treatment Guidelines Policy" documented, "...Each patient is assessed for potential and actual skin breakdown on admission, daily and prn [as needed] if the patient's condition changes." <p>Medical record review documented an admission date of 11/26/09 for Resident # 10 with diagnoses that included Severe Chronic Obstructive Pulmonary Disease, Chronic Diastolic Congestive Heart Failure, Coronary Artery Disease, Chronic Renal Failure, Peripheral Artery Disease of the legs of moderate to severe degree, Recent Left Leg Deep Venous Thrombosis, Anemia, Recent Acute Right Hip Fracture, Recent Acute Left Ankle Sprain, Diabetes Mellitus, Peripheral neuropathy, Peripheral Vascular</p>	F 309	<p>Actions taken are as follows:</p> <p><u>Policy and Procedure Review:</u> Reviewed the following policies:</p> <ul style="list-style-type: none"> Pressure Ulcer Prevention and Treatment Guidelines Policy Anti-embolism Stockings Sequential Compression Therapy Verbal, Telephone and Written Orders Policy Transcription of Orders Specimen collection and labeling Procedure (Attachment A) <p><u>Practice Changes:</u></p> <ul style="list-style-type: none"> Revised initial assessment to include validation by 2 staff members of initial skin assessment (Attachment B) Included dressing status in bedside rounding report to improve hand-off communication. (Attachment C) Implemented utilization of an electronic reminder system for review of active orders at the beginning of each shift. (Attachment D) Implemented utilization of specimen collection reminders on PCA hand off report tool (Attachment E) Implemented weekly skin rounds to include prevalence and incidence of pressure ulcers (Attachment F) 	<p>9/1/2010</p> <p>2/1/2010</p> <p>2/1/2010</p> <p>9/1/2010</p> <p>8/1/2010</p> <p>2/1/2010</p>
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*Accepted
POL 9/10/10
SP 2/10/10*

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE - TITLE DATE
Jamie M. Hill Administrator 9/10/10

A 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 disposable 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 diclosable 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 309	<p>Continued from page i</p> <p>Disease, Malnutrition and Dementia. Review of the Nursing Assessments/Interventions flow sheets from admission on 11/26/09 to 12/5/09 revealed there was no documentation of any dressings or wounds to the left foot. Review of the Nursing Assessments/Interventions flow sheet dated 12/6/09 documented a dressing was "removed" with wound location to the "left foot" with an appearance of "dry blisters." Review of a "Report of Consultation" dated 12/8/09 documented "...Apparently discovered to have skin bkdow [breakdown] L [left] heel, L [left] lat [lateral] foot, L [left] dorsal foot, L [left] Achilles from reported unchanged Kerlix reported applied for sprained ankle + [and] not removed."</p> <p>During an interview in the conference room on 8/25/10 at 11:15 AM, Nurse #3 stated the dressing was dated prior to Resident #10's admission to the skilled nursing unit.</p> <p>2. Medical record review for Resident # 3 documented an admission date of 8/11/10 with diagnoses of Status Post Hemiarthroplasty, Hypertension, Right Hip Fracture, Hyponatremia, Dyslipidemia, diverticuloses and Urinary Retention. Review of the physician's orders dated 8/11/10 documented, "...For prevention of DBT [Deep Vein Thrombosis]... Intermittent compression stockings..."</p> <p>Observation in Resident #3's room on 8/24/10 at 12:11 PM and 3:50 PM, revealed Resident #3 lying in bed without the intermittent compression stockings in place as ordered.</p> <p>During an interview in the Nurse Manager's Office on 8/25/10 at 1:50 PM, the Nurse Manager stated, "...Since they [Resident #3 and #5] are up we do not put the stockings on... We should have a doctors order..."</p> <p>3. Medical record review for Resident #5 documented an admission date of 8/17/10 wit diagnoses of Right Arm Fracture, Subarachnoid Hemorrhage, Long Term Use Anticoagulant, History of Peripheral Vascular Disease, history</p>	F 309	<p><u>Education:</u></p> <ul style="list-style-type: none"> • Provided education to nurses on review of dressings during bedside rounding report. (Attachment G) 1/22/2010 100 % compliance • Provided education to nurses on utilization of an electronic reminder system for review of active orders at the beginning of each shift. (Attachment H) 9/9/2010 100% compliance • Provided training on Wound Care Part 1 to nurses through CE Direct (Attachment I) 9/9/2010 100 % compliance • Provided training on Wound Care Part 2 to nurses through CE Direct (Attachment I) 9/9/2010 100 % compliance • Provided education to nurses on " Save Our Skin" program which included "4 Eyes in 4 Hours" validation by 2 staff members of initial skin assessment 9/9/2010 100 % compliance • Provided education to CNA on "Care of the Patients with Peripheral Arterial Disease" (Attachment I) 8/1/2010 100 % compliance <p><u>Performance Improvement, Monitoring and Reporting:</u></p> <ul style="list-style-type: none"> Developed weekly skin rounds monitor (Attachment F) 2/1/2010 July 100% August 100% • Initiated daily review of admission documentation audit report from Horizon Electronic Documentation (HED). (Attachment K) 9/10/2010 100 % compliance • Nurse Manager to monitor wound care documentation by reviewing 30 bedside rounding report tools per month for compliance to wound care & dressing changes (Attachment C) 9/25/2010 • MDS Coordinator will review all patients with intermittent compression stockings and present weekly @ discharge planning meeting 9/14/2010
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F 309	<p>Continued from page 2.</p> <p>of Deep Vein Thrombosis/Pulmonary Embolus, Chronic Atrial Fibrillation, and Coronary Artery Disease. Review of the physician's orders dated 8/17/10 documented, "...For prevention of DBT [Deep Vein Thrombosis]... Intermittent compression stockings..."</p> <p>Observation in Resident #5's room on 8/23/10 at 2:15 PM, revealed Resident #5 lying in bed without the intermittent compression stockings in place as ordered.</p> <p>During an interview in Resident #5's room on 8/24/10 at 8:20 AM, Resident #5 stated, "...She [Resident #5] has not worn them [the intermittent stockings] since she was in ICU [Intensive Care Unit]..."</p> <p>During an interview in the Nurse Manager's Office on 8/25/10 at 1:50 PM, the Nurse Manager stated, "...Since they [Resident #3 and #5] are up we do not put the stockings on... We should have a doctors order..."</p> <p>4. Medical record review for Resident #6 documented an admission date of 8/9/10 with diagnoses that included Fractured left Femur, Congestive Heart Failure, Renal Insufficiency, Depression and Anemia. Review of the physician's order dated 8/17/10 documented an order for a urinalysis and a urine culture and sensitivity (UA with C&S). the facility was unable to provide laboratory results for the UA with C&S ordered on 8/17/10.</p>			
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