

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 445195	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/12/2009
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Name of Facility BAPTIST MEMORIAL HOSP-MEMPHIS SNF	Street Address, City, State, Zip Code 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0281</u> Reg. # <u>483.20(k)(3)(i)</u> LSC _____	Correction Completed 05/12/2009	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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Reviewed By <input checked="" type="checkbox"/> State Agency	Reviewed By <u>JP</u>	Date: <u>5/12/09</u>	Signature of Surveyor: <u>Sherry Trinidad</u>	Date: <u>5/12/09</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 5/4/2009	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2009  
FORM APPROVED  
OMB NO. 0938-0391

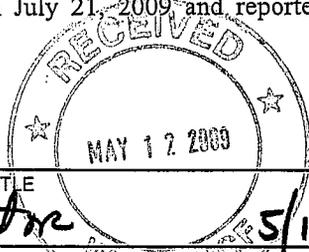
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/04/2009
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NAME OF PROVIDER OR SUPPLIER  BAPTIST MEMORIAL HOSP-MEMPHIS SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 6019 WALNUT GROVE ROAD MEMPHIS, TN 38120
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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 281 SS=D	<p>483.20(k)(3)(i) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #TN00022617</p> <p>Based on medical record review, it was determined the facility failed to provide services in accordance with a physician's order to obtain daily weights for 1 of 5 (Resident #1) sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #1 was admitted to the facility on 3/31/09 with diagnoses of Acute Renal Failure, Congestive Heart Failure and Diabetes Mellitus. Resident #1 had a physician's order dated 4/1/09 to obtain daily weights. Review of the clinical nutrition notes dated 4/14/09 at 15:02 PM documented Resident #1 had a 3 percent (%) weight loss and "Daily wts [weights] in progress per nurse" Follow up in 7 days. The facility was unable to provide documentation of Resident #1's daily weights on 4/15/09, 4/18/09, 4/20/09 and 4/21/09.</p>	F 281	<p>Baptist Memorial Hospital-Memphis Skilled Nursing Facility (BMHMSNF) will arrange and provide services that meet professional standards of quality. Furthermore, BMHMSNF will provide services in accordance with a physician's order. (Tag # F281)</p> <p>To ensure current compliant operations with state and federal regulations, under the direction of the Director of nursing, resident records will be monitored for documentation of physician ordered daily weights. Any deficiency will be correctly immediately.</p> <p>Compliance issues will be discussed with specific employees and monitoring results will be reported to BMHMSNF Performance Improvement Committee.</p> <p>The nurses and certified nursing assistants were educated in performing weights and accurately documenting weights by the Director of Nursing. These sessions were completed on April 28, 2009 which was the day following the of the onsite complaint survey.</p> <p>The deficiency cited during the complaint survey will be corrected by May 15, 2009. However, monthly monitoring will continue to check compliance for 3 months.</p> <p>Monitoring results will be presented to BMHMSNF Performance Improvement Committee on July 21, 2009 and reported quarterly.</p>	<p>5/15/09</p> <p>4/28/09</p> <p>As Needed</p> <p>4/28/09</p> <p>5/15/09</p> <p>8/1/09</p> <p>7/21/09</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>James M. Keller</i>	TITLE <i>Administrator</i>	(X6) DATE 5/11/09
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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.