

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

PRINTED: 04/19/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ MAY 17 2012	RECEIVED (X3) DATE SURVEY COMPLETED C 04/16/2012
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NAME OF PROVIDER OR SUPPLIER AMERICARE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3391 OLD GETWELL RD MEMPHIS, TN 38118
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F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00029546</p> <p>Based on medical record review and interview, it was determined the facility failed to ensure the comprehensive care plans were revised to include therapy services for 2 of 5 (Residents #3 and 4) sampled residents.</p> <p>The findings included:</p> <p>1. Medical record review for Resident #3 documented an admission date of 3/5/12 with</p>	F 280	<p>F 280</p> <p>A current, comprehensive care plan, for each resident, is essential to the total care required for the resident. The medical records for the residents affected by the facilities deficient practice have been corrected by appropriate staff and reflects the results required by the physician's orders.</p> <p>When a new order for therapy services is written, the nurse transcribing the orders will notify the Care Plan Coordinator by submitting a Care Plan Notification Form to the MDS/Care Plan Office. The Coordinator will then address the therapy in the Care Plan. Weekly, the Care Plan Coordinator will submit a list to the DON who will randomly check the documentation.</p> <p>All residents currently receiving therapy services have comprehensive care plans.</p> <p>Completion Date: May 01, 2012</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert L. Manton</i>	TITLE <i>Administrator</i>	(X6) DATE <i>5-3-12</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 280	<p>Continued From page 1</p> <p>diagnoses of Dementia, Hypertension, and Congestive Heart Failure. A physician's order dated 3/28/12 documented "ST [Speech Therapy] clarification order- ST to tx. [treat] 5X (times) weekly X 60 days for [decreased] cognitive skills and receptive language deficits." A physician's order dated 3/28/12 documented "OT [Occupational Therapy] Clarification Order: OT to provide there [therapeutic] ex [exercise], there act [therapeutic activity], self-care mgt [management]. @5X/wkX8wks [at 5 times per week times 8 weeks]." The care plan dated 3/12/12 did not address the ST and OT therapies the resident was receiving.</p> <p>2. Medical record review for Resident #4 documented an admission date of 3/23/12 with diagnoses of Atrial Fibrillation, Diabetes, Dementia, Hypertension, Agitation, and History of Sexually Inappropriate Behavior. A physician's order dated 3/28/12 documented "ST clarification order-ST to tx 5X weekly X 60 days for oral pharyngeal dysphasia (oral motor safety), also decreased cognitive skills." An order dated 3/28/12 documented, "OT clarification order: OT to provide there ex, there act, & [and] self-care mgt @ 5X/wk X 8wks secondary to HTN [Hypertension] and general wkness [weakness]." The care plan dated 4/5/12 did not address the ST and OT therapies the resident was receiving.</p> <p>3. During an interview in the conference room on 4/16/12 at 1:10 PM, the Minimum Data Set/Care Plan Coordinator (MDS/CP) was asked about care plans including therapy services. The MDS/CP stated, "No care plan in there, we usually let therapy write their care plan and then include it in with our care plan, but there is not</p>	F 280			

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F 280	Continued From page 2 one in there."	F 280			
F 500 SS=D	483.75(h) OUTSIDE PROFESSIONAL RESOURCES-ARRANGE/AGRMNT If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility must have that service furnished to residents by a person or agency outside the facility under an arrangement described in section 1861(w) of the Act or an agreement described in paragraph (h) (2) of this section. Arrangements as described in section 1861(w) of the Act or agreements pertaining to services furnished by outside resources must specify in writing that the facility assumes responsibility for obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and the timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure that outside therapy services were furnished under a written agreement for 2 of 5 (Residents #3 and 4) sampled residents receiving therapy services. The findings included: 1. Medical record review for Resident #3 documented an admission date of 3/5/12 with diagnoses of Dementia, Hypertension, and Congestive Heart Failure. A physician's order dated 3/28/12 that documented "ST [Speech	F 500	F 500 To insure an understanding of arrangements for services, provided by outside resources (especially therapy services), written agreements related to the coverage to be provided, should be executed prior to the implementation of such services. Those contractual services affected by the facilities deficient practice in not drafting written agreements, prior to providing such services, have been rectified. Contract therapy services, currently being provided to residents, are professionally licensed and have signed written agreements with the facility, to provide such services. All outside resources, providing any type of service to the facility or its residents, on a continuing basis, will be required to sign an agreement of service, prior to the service(s) being provided.		

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F 500	Continued From page 4 Speech Therapist stated, "I have been working since the end of last month [March] in the building, do not have a contract, we have talked but nothing signed. I am not an employee of the facility, I work as needed, they call us..." During an interview in the conference room on 4/16/12 at 3:15 PM, the Assistant Administrator stated, "I will work on getting contracts with therapy..."	F 500			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure timeliness of laboratory services were obtained for 1 of 5 (Resident #2) sampled residents. The findings included: Medical record review for Resident #2 documented an admission date of 1/30/04 with diagnoses of Diabetes, Ischemic Cardiovascular Disease, Gastro Esophageal Reflux Disease, and Hypertensive Cardiovascular Disease. A physician's order updated on 3/7/12 documented an order for "Liver Function & [and] Fasting Lipid Panel Every 6 Months." Review of the laboratory results revealed no liver function and fasting lipid panel had been done since 9/8/11.	F 502	F 502 The recurring lab order was noted in the facilities lab log, but was inadvertently over-looked by both the charge nurse and the lab tech who match standing orders and lab requests for the week. The facilities deficient practice has been corrected by reviewing and revising the lab requests procedure. All existing lab requests have been checked for date certain scheduling - current or future orders. Identification of future standing Lab requests will be initiated by the charge nurse and filed forward in the lab log, with special attention to the date the lab request should be addressed. The		

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F 502	Continued From page 5 During an interview in the conference room on 4/16/12 at 1:00 PM, the Assistant Administrator stated, "...can't find anything [results of liver function and fasting lipid panel]."	F 502	staff member who coordinates lab requests, from all nursing units, for weekly processing, will be aware of all requests which are identified as those laboratory procedures with future dates, and checked to verify that the specific lab requests are scheduled in a timely manner. Each nursing unit maintains a Lab Log with dated sheets for weekly, three (3) months, Six (6) Months, etc. requests. When an order is received, it is recorded on the appropriate dated sheet in the Lab Log. On the regularly scheduled lab collection date, the Lab Tech checks and initials the completed lab requests against the list in the Lab Log. To avoid any missed requests, an additional column will be added to the DIAGNOSTIC STUDY LOC as a final check in the process. This step will be initiated by the charge nurse on the 7AM-3PM shift, with initials indicating that the all requests for that date were properly executed by the lab tech. Completion Date: May 01, 2012		

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