

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

PRINTED: 11/06/2014
FORM APPROVED
OMB NO. 0938-0391

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/04/2014
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NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
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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 225 483.13(c)(1)(ii)-(iii), (c)(2) - (4)
SS=D INVESTIGATE/REPORT
ALLEGATIONS/INDIVIDUALS

F 225 F225
SS=D

The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.

The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).

The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.

The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

483.13(c)(1)(ii)-(iii), (c)(2) - (4)
INVESTIGATE/REPORT
ALLEGATIONS/INDIVIDUALS

Requirement

The facility will ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and o other officials in accordance with State law through established procedures (including to the State survey and certification agency).

Corrective Action

1. On 11/4/14 the Administrator of the facility acknowledged to the state surveyor that the allegation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Stacy M. Williams Administrator</i>	TITLE 11-19-14	(X6) DATE
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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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This REQUIREMENT is not met as evidenced by:
Intakes: TN00034385

Based on policy review, review of a facility's investigation, medical record review and interview, it was determined the facility failed to report an allegation of misappropriation to the state agency for 1 of 5 (Resident #1) residents sampled for abuse.

The findings included:

Review of the facility's "ABUSE POLICY" documented, "...This facility practices the concept of "zero tolerance" for patient abuse. Nurse management must strive to ensure that the patients are free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion and misappropriation of property... Report all alleged violations and all substantiated incidents to the State agency and to all other agencies as required..."

Review of the facility's investigation dated 7/15/14 documented, "...[Resident #1's] daughter came to me [Administrator] with the concern that someone had used [Resident #1's] cell phone on several occasions during the first week of July [2014]. Her daughter gave me [Administrator] a list of numbers called and on what days were called... Also the phone was missing and was found under her [Resident #1] bedside table..."

Medical record review for Resident #1 documented an admission date of 8/25/09 with diagnoses of Cardiovascular Disease, Cerebrovascular Accident, Dysphagia, Vertigo,

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of misappropriation for resident # 1 had not been reported to the state agency.

2. On 11/5/14 the Administrator and Social Director conducted an audit of grievance/complaint logs to ensure alleged reports of misappropriation had been reported to the state agency.

3. (a) On 11/5/14 the Regional Director of Operations conducted inservice with the Administrator regarding following facility policy in regards to reporting allegation of misappropriation to the state agency. (b) On 11/17/14 the Administrator conducted inservice with staff regarding the reporting of misappropriation to the Administrator.

4. The Administrator, Social Director and Director of Nursing will conduct monthly meetings with residents and will review

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Anxiety and Depression. The quarterly Minimum Data Set dated 7/2/14 documented a Brief interview for Mental Status score of 7, indicating cognitive impairment.

During an interview in Resident #1's room on 11/4/14 at 2:00 PM, Resident #1 denied giving staff permission to use her cell phone.

During an interview in the social service office on 11/4/14 at 2:15 PM, the Administrator was asked if the allegation of misappropriation of Resident #1's cell phone had been reported to the state agency. The Administrator stated, "I did not [report the allegation]. I offered to pay for the minutes [cell phone minutes used] and she [Resident #1's daughter] declined. It didn't register as misappropriation at that time. We found the phone at the time. I thought we had done everything."

F 225 grievance/complaint logs daily to ensure compliance and will report findings to the QA Committee quarterly.

Completion Date:
11/17/14

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NOV 21 2014