

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ RECEIVED B. WING: _____ NOV 20 2014	(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) COMPLETE DATE
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N1102 1200-8-6-.11(2) Records and Reports

(2) The nursing home shall report all incidents of abuse, neglect, and misappropriation to the Department of Health in accordance with T.C.A. § 68-11-211.

This Rule is not met as evidenced by:  
Intakes: TN00034385

Type C Pending Penalty #23

Tennessee Code Annotated (T.C.A.) 68-11-804(c)23:  
Incidents, such as a fire in the nursing home, burning of a patient, suspected abuse of a patient, or an unusual accident that causes injury to a patient, shall be recorded, investigated within the facility, and reported pursuant to T.C.A. 68-11-211.

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...

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1200-8-6-.11(2)

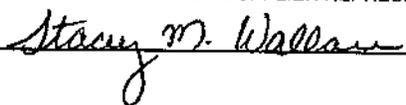
RECORDS AND REPORTS

Requirement

(2) The nursing home shall report all incidents of abuse, neglect, and misappropriation to the Department of Health in accordance with T.C.A. 68-11-211.

Corrective Action

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

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11-19-14
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N1102 Continued From page 1

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, 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."

N1102

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

**Completion Date:**

11/17/14