

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

PRINTED: 08/02/2016  
FORM APPROVED  
OMB NO. 0938-0391

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445485</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ <b>AUG 12 2016</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/27/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALLENBROOKE NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3933 ALLENBROOKE COVE MEMPHIS, TN 38118</b>
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F 309 SS=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></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: Based on medical record review, and interview, the facility failed to provide care and treatment of a resident receiving dialysis for 1 of 3 (Resident #6) sampled residents receiving dialysis.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #6 was admitted to the facility on 7/21/15, readmitted on 4/25/16 and discharged home on 6/21/16. The resident had the diagnoses of End Stage Renal Disease, Diastolic Congestive Heart Failure, Obesity, Abnormal Coagulation Profile, Hypocalcemia, Acidosis, Hyperkalemia, Hypertension, and Dependence on Renal Dialysis.</p> <p>The quarterly Minimum Data Set (MDS) dated 5/31/16 revealed Resident #6 had moderate cognitive deficits, relied on total dependence for her activities of daily living and received dialysis while in the facility.</p> <p>The Care Plan dated 9/4/15 and updated on 6/16/16 revealed Resident #6 had the potential for complications related to hemodialysis as</p>	F 309	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b> SS=D</p> <p><b>Requirement</b> Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being, in accordance with the comprehensive plan of care.</p> <p><b>Corrective Action</b></p> <ol style="list-style-type: none"> <li>1. Facility will ensure physicians orders are obtained for all dialysis residents to include assess for signs and symptoms infection and bleeding daily.</li> <li>2. 08/08/2016, Charge nurse/designee obtained orders for all dialysis residents to include assess for signs and symptoms of infection and bleeding.</li> <li>3. Upon completion of medical records audit 08/08/2016, by Medical Records Director, all dialysis residents had the potential to be affected by the deficient practice. DON/designee will review orders for all new dialysis admits for accuracy beginning 08/09/2016. Staff development /designee began in-service 08/02/2016, for licensed nurses , on obtaining orders for dialysis residents to include assessing for signs and symptoms of infections and bleeding to be completed by 08/12/2016.</li> <li>4. DON/designee will monitor weekly orders and assessments until compliance is met, then unit manager/designee to review monthly thereafter. Any negative findings will be corrected and staff in-serviced. DON/designee will report negative findings to QA monthly.</li> <li>5. Completion date.</li> </ol>	08/12/2016
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Alana Spear</i>	TITLE  <i>Executive Director</i>	(X6) DATE  <i>8/16/16</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 309	<p>Continued From page 1</p> <p>evidenced by bleeding, decreased blood pressure, weakness, and fluid overload related to End Stage Renal Disease with interventions to observe the resident's vascular catheter (vas cath) access site daily for redness, bruises, discoloration, swelling and drainage. Resident #6 also had a care plan for risk for bruising or bleeding tendencies related to the use of anticoagulants.</p> <p>The facility was not able to provide physician orders for Resident #6's dialysis for the months of April, May, and June 2016.</p> <p>The facility did not provide documentation that Resident #6's access site had been assessed for bleeding, signs or symptoms of infection and in accordance with the care plan for the month of April, May, and June 2016.</p> <p>Interview with the Director of Nursing (DON) on 7/27/16 at 11:00 AM, in the conference room, the DON was asked what were her expectation for documentation from the nursing staff regarding a dialysis resident. The DON stated, "...I would expect that the resident's access site be assessed ... " The DON was asked where did she expect the assessments of the access sites to be found. The DON stated, "...On the MAR [Medication Administration Record] or in their nursing notes ... " The DON was shown Resident MARs and nursing notes and asked if there had been any documentation that Resident #6's access had been assessed. The DON stated, "...No, I don ' t see any ... " The DON was asked if it would be appropriate for the nursing staff to document the presence of a bruit or thrill. The DON stated, "Yes." The DON was asked if Resident #6 should have physician orders for</p>	F 309			

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F 309	Continued From page 2 dialysis. The DON stated, "...Looks like I need to add that one to my list of things to do..." The DON was asked what the facility's policy stated in regards to resident assessments. The DON stated, "...the dialysis transfer policy is the only policy that we have..."	F 309			

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