STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

DECATURE COUNTY MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

726 KENTUCKY AVE

PARSONS, TN 38363

DATE OF SURVEY

OCT 1 3 2009

DATE SURVEY COMPLETED

09/24/2009

SUMMARY STATEMENT OF DEFICIENCIES

(EC3) PROVIDER/Supplier/Clinical Identifying Information

445451

A. BUILDING

B. WING

(x2) MULTIPLE CONSTRUCTION

(x24) PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)

(x3) COMPLETION DATE

F 246

SS=D

483.15(e)(1) ACCOMMODATION OF NEEDS

A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

This REQUIREMENT is not met as evidenced by:

Based on observations, it was determined the facility failed to ensure 1 of 20 (Resident #9) sampled residents and 3 Random Residents (RR #1, 2 and 3) were fed in a timely manner during 1 of 2 (Breakfast meal on 9/22/09) dining observations.

The findings included:

1. Observations in the 500 dining room on 9/22/09 at 7:19 AM, revealed Resident #9's breakfast tray was delivered and uncovered. Certified Nursing Assistant (CNA) #2 did not start feeding Resident #9 until 7:31 AM. Resident #9 was observed reaching for the tray during the time the tray was delivered and before CNA #2 returned to feed Resident #9.

2. Observations in the 300 dining room on 9/22/09 at 7:19 AM, revealed RR #1's breakfast tray was delivered and the cover was removed. CNA #3 did not start feeding RR #1 until 7:47 AM.

3. Observations in the 500 dining room on 9/22/09 at 7:19 AM, revealed RR #2's tray was delivered and uncovered. CNA #1 did not start feeding RR #2 until 7:50 AM.

F 246

483.15(e)(1)

SS=D

Requirement:

A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

Corrective Action:

1. The Risk Management Nurse, DON, and ADON conducted dining room observations during meal service times for 1 week (9-25-09 - 10-2-09) in the 500 dining room to ensure staff knowledge and understanding of timely assistance and serving of meals for residents.

2. On 9-25-09 the Risk Management Nurse, DON, and ADON conducted dining room observations in the 300 and 100 dining rooms to ensure staff knowledge and understanding of timely assistance and serving of meals for residents.

3. Licensed nursing staff and C.N.A.'s were in-service on 10-7-09 by the DON and ADON regarding timely meal service.

FORM CMS-2667(02-09) Previous Versions Obsolete
Event ID: L6GB11
Facility ID: TN2001
If continuation sheet Page 1 of 3
<table>
<thead>
<tr>
<th>ID</th>
<th>Tag</th>
<th>Summary of Deficiency</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 246</td>
<td>Continued from page 1</td>
<td>4. Observations in the 500 hall dining room on 9/23/09 at 7:19 AM, revealed RR #3's tray was delivered and uncovered. CNA #4 did not start feeding RR #3 until 7:31 AM.</td>
<td>4. The Risk Management Nurse, DON, or her designee, will conduct routine dining room observation audits monthly to ensure timely meal service and will report findings to the QA&amp;A committee quarterly.</td>
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<tr>
<td>SS-D</td>
<td></td>
<td>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.</td>
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<td>F 309</td>
<td>483.25 QUALITY OF CARE</td>
<td>The findings included: Medical record review for Resident #14 documented an admission date of 2/7/08 with diagnoses of Renal Insufficiency, Parkinson's Disease, Osteoporosis, Leukocytosis, Neuropathy and Arthropy. Review of a Speech Therapy (ST) screen dated 6/16/09 documented Resident #14 had swallowing difficulty and weight loss. Resident #14 &quot;...exhibits an [increase] holding/pocketing [decrease] response to food. Pl. [patient] did exhibit adequate swallow @ [at] pharyngeal stage. Pl. also responded to alternating food/drink for an swallow response. Continue safe-swallow techniques. Prompt c</td>
<td>483.25 SS-D Requirement: 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. Corrective Action: 1. On 9-23-09 the Speech Therapist re-evaluated resident #14 and noted increased swallow response that does not require altered swallowing interventions. 2. On 9-23-09, chart audits were conducted by the Risk Management Nurse regarding patients receiving speech therapy to ensure recommendations are being followed.</td>
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<tr>
<td>ID TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID TAG</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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<td>Continued From page 2 [with] alternating food/drink...” Review of Resident #14’s care plan originally dated 1/9/09 documented a problem of being at risk for weight loss and dehydration due to leaves 25-percent (%) plus (+) food uneaten at most meals. The care plan update on 6/16/09 documented an intervention to alternate food and drink to increase swallow response. During meal time observations in the 500 hall dining room, on 9/23/09 at 11:35 AM, a Certified Nursing Assistant (CNA) #1 began feeding Resident #14. CNA #1 fed a spoonful of peas, another spoonful of peas and a spoonful of greens without offering Resident #14 a drink. Resident #14 asked for a drink and was given a drink of buttermilk. CNA #1 continued to feed Resident #14 without alternating between food and drink as recommended by the Speech Therapist.</td>
<td>F 309</td>
<td>3. Licensed nursing staff and C.N.A.’s were in-service on 10-7-09 by the DON, and ADON regarding following recommendations by speech therapy. 4. The Risk Management Nurse, DON, and ADON will make routine observations and chart audits monthly to ensure speech therapy recommendations are being followed and findings will be reported to the QA&amp;A committee quarterly.</td>
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