(4) Nursing Services.

(c) The Director of Nursing shall have the following responsibilities:

4. Notify the resident’s physician when medically indicated.

This Rule is not met as evidenced by:
This is a Pending Type C Penalty #4

Tennessee Code Annotated 68-11-804(c): 1200-8-6-.06(4)(c): Basic Services

Nursing homes shall notify the patient’s physician of the condition of a patient, when it is medically indicated.

Based on medical record review and interview, it was determined the facility failed to ensure the physician was notified of a resident’s refusal of insulin medication and prescribed blood sugar checks on eight consecutive nights for 1 of 13 (Resident #13) sampled residents.

The findings included:

Medical record review for Resident #13 documented an admission date of 2/24/11 with diagnoses of Diabetes Mellitus Type II, Hypertension, Gout and Gouty Arthritis. Review of a physician’s order dated 5/2/11 documented, "...BLOOD SUGAR CHECK CHECK BLOOD SUGAR AT 9 pm DAILY ...LEVEMIR INJ [injection] INJECT 10 U [units] SUBCUTANEOUSLY AT BEDTIME..." Review of Resident #13’s May 2011 Medication Administration Record (MAR) documented
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N669</td>
<td>Continued From page 1 refusal of blood sugar check and the administration of Levemir 10 U on 5/1/11, 5/2/11, 5/3/11, 5/4/11, 5/5/11, 5/6/11, 5/7/11 and 5/8/11. There was no documentation in Resident #13's record that the physician was notified of the resident's refusal of prescribed blood sugar checks and insulin medication. During an interview at the nurses' station 2 on 6/1/11 at 3:10 PM, the Assistant Director of Nursing (ADON) verified that there was no documentation in Resident #13's medical record that the physician was notified of the refusal of blood sugar checks and administration of Levemir insulin medication.</td>
<td></td>
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</tr>
<tr>
<td>N1216</td>
<td>1200-8.6-.12(1)(p) Resident Rights (1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights: (p) To have their records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident's health care decision maker. The nursing home must have policies to govern access and duplication of the resident's record;</td>
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</table>

4. Results of audits will be taken to monthly QA/QI meeting for review by QA team to determine if notification of refusal of insulin was done in a timely manner or if further education of MD notification is needed. The QA/QI team consists of the Medical Director, the Pharmacist, the Administrator, DON, ADON, Maintenance, Business Office Manager, HK/Laundry, Dietary, Social Service, Activities, Medical Records, and RAC (MDS Coordinator).  

7/3/11

1. No sample residents were determined to have been harmed by this practice.  
2. No other residents were determined to have been harmed by the practice.  
3. (a) Resident's clinical information will not be left open to public view. Observations will be conducted 3 x week for 4 weeks by the DON and/or designee to ensure that all clinical information located in the MAR is not open to public view. Licensed staff will be in-serviced by the DON and/or designee beginning 6/2/11 and continuing until all licensed staff have been in-serviced. A laminated sheet cover will be provided for each MAR book with title of "Confidential Information" to be
**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CCLA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<tbody>
<tr>
<td>TNN2702</td>
<td></td>
<td>06/01/2011</td>
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</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

DOUGLAS NURSING HOME

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2084 W MAIN ST MILAN, TN 38358

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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)**

<table>
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<th>ID PREFIX TAG</th>
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<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1216</td>
<td>Continued From page 2 \nThis Rule is not met as evidenced by: \nThis is a Pending Type C Penalty #6 \nTennessee Code Annotated 66-11-804(c): Each patient has a right to have the patient's personal records kept confidential and private. \nBased on policy review, observation and interview, it was determined the facility failed to ensure a resident's clinical record was kept secure to ensure confidentiality when a clinical record was left on in public view. \nThe findings included: \nReview of the facility's &quot;Confidentiality and Privacy&quot; policy documented, &quot;...Residents' records, whether clinical, financial or social in nature are safeguarded to protect the confidentiality of the information...&quot; \nObservations in front of nurses' station 1 on 5/31/11 at 4:30 PM, revealed the Medication Administration Record (MAR) of a resident was unattended and left open in public view. \nDuring an interview in the Director of Nursing's (DON) office on 6/1/11 at 2:30 PM, the DON was asked about the open MAR. The DON stated, &quot;I would expect them [staff] to close the MAR or cover it with something.&quot;</td>
<td>N1216 \nused by Licensed personnel to keep information from public view. \n(b) RR#2 will be provided privacy during care by the use of privacy curtain/shutting door or assuring resident is covered with sheet or blanket if visible from hallway. Rounds will be done daily x 4 weeks and then random by administration or designee to ensure privacy is being provided during care. Nursing service will be inserviced by the DON and/or designee beginning on 6/2/11 and continuing until all nursing personnel have been inserviced on providing privacy during care by the use of privacy curtain/shutting door or assuring resident is covered with sheet or blanket if visible from door. \n(c)Group meetings will be conducted without interruption from outside vendors. A letter has been sent as of 6/7/11 to all vendors stating that all signs for privacy must be observed. A sign stating, &quot;Do Not Disturb, Meeting in Progress&quot; will be posted on a closed door. No one is to disturb and if assistance is needed they are to seek out an administrative staff member.</td>
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</table>
### Summary Statement of Deficiencies

#### N1216

**Continued From page 2**

This Rule is not met as evidenced by:

- This is a Pending Type C Penalty #5

**Tennessee Code Annotated 68-11-804(c)(5):**

Each patient has a right to have the patient's personal records kept confidential and private.

Based on policy review, observation and interview, it was determined the facility failed to ensure a resident's clinical record was kept secure to ensure confidentiality when a clinical record was left on in public view.

The findings included:

- Review of the facility's "Confidentiality and Privacy" policy documented, "...Residents' records, whether clinical, financial or social in nature are safeguarded to protect the confidentiality of the information..."

**Observations in front of nurses' station 1 on 5/31/11 at 4:30 PM, revealed the Medication Administration Record (MAR) of a resident was unattended and left open to public view.**

**During an interview in the Director of Nursing's (DON) office on 6/1/11 at 2:30 PM, the DON was asked about the open MAR. The DON stated, "I would expect them [staff] to close the MAR or cover it with something."**

#### N1216

4. (a) Findings of negative observations will be reported to the Director of Nursing and/or designee for correction.

(b) Findings from daily rounds will be reported to the Director of Nursing and/or designee for correction.

(c) The meeting moderator will monitor for any interruptions during the meeting and report to the Administrator any events of non-compliance.

All findings will be brought to the monthly QA/QI meeting for 3 months and PRN to be reviewed by the team to determine root cause of negative findings and establish an action plan to maintain compliance.