The facility will comply with 483.15(a) so that all residents' dignity and privacy is maintained and enhanced. When facility staff announce resident care needs for individual rooms, the communication will be accomplished at the nurses' desk by using the nurse call system telephone handset. When staff members are needed to a resident's room, they will be paged on the overhead PA to call the nurse's desk and will be given instructions privately on the nurses' call system telephone handset. This process will be used for all residents in nursing home. All facility staff will be inserviced on this procedure on Dec. 1, 2011. If any staff member fails to follow this procedure, they will first be verbally reprimanded, second, employee counseling and write-up, third, disciplined by loss of shifts, and forth, termination. This facility will continue to inservice all employees once per month until universal compliance is achieved. The Director of Nurses, Kathy Moon, will present this new procedure and continue compliance to the monthly QA committee. Monitoring and corrective action will be ongoing.

12/07/11

Administrator

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 discernible 50 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 discernible 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.

12/23/11

The room was free. 12/21/11
## F 514

**Continued From page 1**

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure physician's orders were accurate for 2 of 13 (Resident #2 and 13) sampled residents.

The findings included:

1. Medical record review for Resident #2 documented an admission date of 7/29/02 with diagnoses of Congestive Heart Failure, Hypertension, Depression, Cerebral Vascular Accident and Organic Affective Disorder. Review of a physician's order dated 10/19/11 documented, "...increase Prozac from 20 mg [milligrams] to 30 mg (1 - 20 mg tab et [and] 1 - 10 mg tab) po [by mouth] every a.m [morning]." The review of the physician's recertification orders dated 10/30/11 documented, "... Prozac 20 mg 1 po q [every] day..."

During an interview in the Activities room on 11/22/11 at 8:15 AM, when asked if the Prozac...
**NAME OF PROVIDER OR SUPPLIER**  
HARBERT HILLS ACADEMY N H

**STREET ADDRESS, CITY, STATE, ZIP CODE**  
3575 LONESOME PINE ROAD  
SAVANNAH, TN 38372

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 514         | Continued From page 2 dosage should have been changed to 30 mg on the 10/30/11 orders, the Director of Nursing (DON) stated, "...Yes..."  
2. Medical record review for Resident #13 documented an admission date of 5/2/11 with diagnoses of Senile Dementia, Chronic Nephritis, Esophageal Reflux, Hypertension and Anemia. Review of a physician's order dated 9/11/11 documented, "...D/C [discontinue] ProMod 30 ml [milliliters] po BID [twice a day]..." Review of the physician's recertification orders dated 9/7/11 documented, "...ProMod 30 ml po mix with 4 oz [ounces] liquid BID..."  
During an interview in the Activities room on 11/22/11 at 8:15 AM, when asked if the ProMod should have been discontinued on the 9/7/11 recertification orders, the DON stated, "...Yes..." | F 514 monthly check to the monthly QA committee. Monitoring and corrective action will be ongoing.  
See enclosed check off sheet. | 12/07/11 |