This facility will provide a comprehensive assessment of each resident to ensure that a resident who displays mental or psychosocial adjustment difficulty receives appropriate treatment and services to correct the assessed problem. This facility will comply with 483.25(f)(1)TX/SVC. After a thorough assessment by this facility's nursing team, administration, and contracted psychiatrist, it was determined the resident number 9 required more extensive treatment and services and was transferred to another facility on 08/19/2011. All of this facility's residents will be assessed to ensure that this facility is in compliance with 483.25(f)(1)TX/SVC. This facility will review our current protocol for limiting and controlling psychosocial adjustment difficulties. This review will be performed by the RN/DON Kathy Moon and contracted psychiatrist and presented to the monthly QA Committee. The careplan team will review the residents according to the review schedule to ensure that we are meeting the requirements of the 483.25(f).
F 319 Continued From page 1

of the annual Minimum Data Set (MDS) dated 8/1/10 documented Resident #9's cognitive status as 3 (indicating severely impaired). Documentation revealed Resident #9 exhibited behavioral symptoms of wandering and resisting care daily. The behavior was not easily altered. Documentation revealed Resident #9 exhibited verbal and physical abuse behaviors or socially inappropriate/disruptive behaviors every 4 to 6 days, but less than daily that were not easily altered.

Review of the following incident reports documented the following:

a. 3/8/10 "...resident [#9] came up and began yelling and then hit the other resident..."

b. 7/7/10 "...resident [#9] walked up behind another resident and hit her on the back of the head..."

c. 5/1/10 "...resident [#9] turned and kicked another resident on the right knee..."

Review of Resident #9's nurses' notes documented the following:

a. 8/1/10 "...9 AM... res [resident] combative with staff, refused care... redirected w [with]

one-on-one care... Thorazine 25 mg po given..."

b. 8/3/10 "...8 AM... hitting staff, could not be redirected / or c one- on -one... Aflan 2 mg given IM..."

c. 8/5/10 "...11:50 AM... res refused to come out of another resident's room, hitting and kicking at staff... tried to redirect c activity, one-on-one care and conversation. Adm [administered] Thorazine 25 mg po... 12:50 PM... continues being combative with staff, unable to redirect... administered Aflan 2 mg IM..."

d. 8/6/10 "...10:15 AM... res spit out meds [medications]... hitting at staff, going into office..."
Continued From page 2

getting into paperwork, could not be redirected... locked office... Ativan 2 mg IM administered... "

e. 8/7/10...6:40 PM... hitting and verbally abusing staff... unable to redirect... Thorazine 25 mg IM given...

f. 8/8/10...7 AM... res in lobby swinging at another resident and cursing at staff while on one-on-one care, all interventions attempted and failed... Thorazine 25 mg given po...

g. 8/11/10...3 AM... res walking halls trying to enter other res rooms... trying to get into this nurse's pocket, refuses care... tried redirection, one-on-one care and snacks, all interventions failed, res still combative with staff. Refused Thorazine 25 mg one tablet po, started swinging fist at this nurse, administered Ativan 2 mg IM...

Observations in the long hall on 8/11/10 at 8:45 AM, revealed Resident #9 with an ink pen in her hand, swinging her fists at the Housekeeping Supervisor and Certified Nursing Assistant (CNA) #1. Resident #9 hit CNA #1’s left arm.

During the group meeting in the beauty shop on 8/9/10 at 3:00 PM, the following statements were revealed:

a. Resident's A, B and E stated that Resident #9 has kicked them on the shin and wandered into their rooms.

b. Resident F stated, "...We did not have problems until Resident #9 got here, we are afraid of her [Resident #9]...", the other residents in the group nodded in agreement.

During an interview in the activity room on 8/11/10 at 9:45 AM, the Housekeeping Supervisor stated, "...[Resident #6] goes into other residents rooms and pulls out items..." CNA #1 stated, "...residents do not want her [Resident #6] in their..."
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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<td>44E165</td>
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</table>

**NAME OF PROVIDER OR SUPPLIER**

HARBERT HILLS ACADEMY N H

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

3575 LONESOME PINE ROAD
SAVANNAH, TN 38372

**DATE SURVEY COMPLETED**

08/11/2010

**ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)** | **COMPLETION DATE**
---|---|---|---|---|
**F 319** | Continued From page 3 rooms... she [Resident #9] has done this [going into other residents' rooms] since she has been here..." | **F 319** | | |
| | During an interview in the Administrator's office on 08/11/10 at 3:25 PM, the facility's contracted Psychiatrist did not respond when asked if Resident #9 was appropriate for this nursing facility. | | | |

**F 322** | 483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS |
| SS-D | Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and naso-pharyngeal ulcers and to restore, if possible, normal eating skills. |

This REQUIREMENT is not met as evidenced by:

Based on policy review, medical record review, observation and interviews, it was determined the facility failed to ensure staff administered the Percutaneous Endoscopic Gastrostomy (PEG) tube feeding as ordered by the physician for 1 of 1 (Resident #5) sampled resident with PEG tubes.

The findings included:

Review of the"Enteral Nutritional Therapy Procedure" for PEG tube feedings documented "...Assessment # [number] cc [cubic centimeters] /hour-schedule..." |

**F 322** | This facility will provide a comprehensive assessment of each resident to ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate attention treatment, and services to prevent aspiration, pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and naso-pharyngeal ulcers and to restore if possible normal eating skills. Resident number 5 will receive the peg tube feeding according to the physician's order. The DON Kathy Moon will review resident number 5 peg tube feedings on a weekly basis and report results to the monthly QA Committee. All other peg tube residents will be reviewed by the DON Kathy Moon to ensure that the physician's orders are followed. This review will be done | | |
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<tr>
<td>F 322</td>
<td>Continued From page 4</td>
<td>Medical record review for Resident #5 documented an admission date of 3/27/07 with diagnoses of General Osteoarthritis, Anxiety States, Senile Dementia, Uncomplicated Hypertension, Dysphasia and PEG Tube. Review of the physician's order dated 6/17/10 documented, &quot;...Ensure Plus 50mL [milliliter] / [per] hr [hour] /PEG/pump...&quot;</td>
<td>F 322</td>
<td>monthly and reported to the QA Committee each month. Monitoring and corrective action will be on-going. See enclosed check-off sheet.</td>
<td>08/27/10</td>
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<td>F 463</td>
<td>483.70(f) RESIDENT CALL SYSTEM - SS=D ROOMS/TOILET/BATH</td>
<td>The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.</td>
<td>F 463</td>
<td>This facility will comply with 483.70(f) so that the employee bathrooms are kept locked and they are not available for resident use. The only individuals that will have access to the keys are employees and visitors. All residents will be reviewed by the administrator Randall Dickman to determine those</td>
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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
HARBERT HILLS ACADEMY N H

**STREET ADDRESS, CITY, STATE, ZIP CODE**
3876 LONESOME PINE ROAD
SAVANNAH, TN 38372

**DATE SURVEY COMPLETED**
08/11/2010

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| F 463 |     |     | Continued From page 5
Based on observations and staff interview, it was determined the facility failed to provide a working call system in the common bathrooms on 1 of 2 halls (short hall) and the men's bathroom in the common area.
The finding included:

1. Observations on the short hall on 8/9/10 at 1:45 PM and on 8/10/10 at 7:38 AM, revealed the women's bathroom was unlocked with no emergency call system in the bathroom.

2. Observations in common area on 8/9/10 at 1:45 PM, revealed the men's bathroom was unlocked with no emergency call system in the bathroom.

During an interview in the short hall on 8/11/10 at 4:55 PM, the Administrator and the Director of Nursing (DON) were asked about the emergency call system in the common area bathrooms. The Administrator stated, "The bathrooms are for the employees. We don't keep them [bathrooms] locked." The DON stated, "They [the women's bathroom on the short hall and the men's bathroom in the common area] don't have call lights." The DON was asked about the resident's use of these bathrooms. The DON stated, "Resident's could access the bathrooms..." | F 463 |     |     | potentially affected by this deficient practice. These public bathroom doors will be kept locked and only be accessible to employees and visitors. The Administrator Randall Dickman will check these three bathrooms each month to ensure that they are locked. The results of these monthly checks will be reported to the monthly QA Committee. All employees and visitors will be informed of the importance of keeping these bathroom doors locked after they use them. Monitoring and corrective action will be on-going. |