STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

PARK REST HARDIN COUNTY HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

55 SHELBY DRIVE, PO BOX 728
SAVANNAH, TN 38372

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 241

ID
PREFIX
TAG

483.15(a) DIGNITY AND RESPECT OF
INDIVIDUALITY

The facility must promote care for residents in a
manner and in an environment that maintains or
enhances each resident's dignity and respect in
full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was
determined the facility failed to enhance each
residents' dignity during dining when staff stood
over residents while feeding them during 3 of 3
(5/13/13 lunch and dinner and 5/14/13 breakfast)
dining observations.

The findings included:

1. Observations in Resident #28's room on
5/13/13 at 12:00 PM, Certified Nursing Assistant
(CNA) #1 fed Resident #28 while standing over
the resident.

Observations in Resident #19's room on 5/13/13
at 12:05 PM, CNA #2 fed Resident #19 while
standing over the resident.

Observations in Resident #27's room on 5/13/13
at 12:15 PM, CNA #3 fed Resident #27 while
standing over the resident.

Observations in Resident #19's room on 5/13/13
at 5:12 PM, CNA #4 fed Resident #19 while
standing over the resident.

Observations in Resident #27's room on 5/13/13
at 5:15 PM, CNA #5 fed Resident #27 while

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
cROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

483.15(a) Dignity and Respect of
Individuals

The facility will promote care for
residents in an manner that maintains or
enhances each residents dignity; and
respect in full recognition of his or her
individuality.

The charge nurse (DON) will assure
dignity and comfort in dining by
providing nutritional intake while seated
at the residents bedside.

A in-service will be held to make sure the
facility is in compliance.

6/5/13

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Adm. 6/5/13

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 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 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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Standing over the resident.

During an interview in Resident #27's room on 5/13/13 at 5:15 PM, CNA #5 was asked if staff was expected to stand to feed residents. CNA #5 stated, "...the chair is over there... we're [staff] suppose to [sit]..."

2. Observations in Resident #27's room on 5/14/13 at 7:58 AM, CNA #6 fed Resident #27 while standing over the resident.

During an interview in Resident #27's room on 5/14/13 at 7:58 AM, CNA #6 was asked why you are standing to feed. CNA #6 stated, "...we [staff] usually just stand..."

Observations in Resident #19's room on 5/14/13 at 12:20 PM, CNA #7 fed Resident #19 while standing over the resident.

3. During an interview in the Assistant Director of Nursing's office on 5/15/13 at 10:30 AM, the Director of Nursing (DON) was asked if staff should be seated while feeding a resident. The DON stated, "...if they [staff] can... should be eye to eye with the resident..."