SAVANNAH HEALTH CARE CENTER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER: 445444

(X2) MULTIPLE CONSTRUCTION
A. BUILDING __________________________
B. WING __________________________

(X3) DATE SURVEY COMPLETED
03/24/2010

NAME OF PROVIDER OR SUPPLIER

F 309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

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.

The REQUIREMENT is not met as evidenced by:

Based on medical record review, observation and interview, it was determined the facility failed to follow the physician's order for extra milk to be served with meals for 1 of 20 (Resident #10) sampled patients.

The findings included:

Medical record review for Patient #10 documented an admission date of 2/12/10 with diagnoses of Status Post Left Above Knee Amputation with Dehiscence, Diabetes Mellitus, Peripheral Vascular Disease and Coronary Artery Disease. Review of the nutritional status review dated 3/12/10 documented, "Supplements: ...extra milk w [with] meals..." A physician's order dated 3/15/10 documented, "...3 extra milk c [with] meals...".

Observations of the breakfast meal in Resident #10's room on 3/23/10 at 7:52 AM, revealed Resident #10 had one carton of whole milk on his tray.

During an interview in Resident #10's room on 3/23/10 at 7:56 AM, the Director of Nursing

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

F 309 483.25 Quality of Care

SS = D

Requirement:

Each resident will receive and the facility will 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. An extra carton of milk was given to Resident #10 per Physician's orders on 3/23/2010.
2. A chart audit was conducted and dietary trays were audited on 3/23/2010 by the DON, ADON, and Risk Management Nurse to ensure proper supplements were given as ordered by the physician.
3. The Licensed Nursing staff and Dietary staff was in-services on 3/23/2010 by the DON regarding following Physician's orders.
4. The DON, ADON, Risk Management Nurse, and the Dietary Manager will perform routine chart audits and facility rounds to ensure Physician orders are being followed and report findings to the QA/A committee quarterly.

Completion Date 04/01/2010

LPCR 4/12/10 by PHNC

Administrator 4/5/2010

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safer guards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 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.
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CLAIFICATION NUMBER:** 445444

**(X2) MULTIPLE CONSTRUCTION**
A. BUILDING ___________________________
B. WING ___________________________

**(X3) DATE SURVEY COMPLETED** 03/24/2010

**NAME OF PROVIDER OR SUPPLIER**
SAVANNAH HEALTH CARE CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**
1645 FLORENCE RD
SAVANNAH, TN 38372

<table>
<thead>
<tr>
<th>(X4) 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>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 309</td>
<td>Continued From page 1 (DON) verified there was only one carton of milk on Resident #10's tray. The DON stated, &quot;He's [Resident #10] suppose to have extra milk.&quot;</td>
<td>F 502</td>
<td>483.75 (j)(1) PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY</td>
<td></td>
</tr>
<tr>
<td>SS=D</td>
<td>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</td>
<td>Provide/Obtain Laboratory SVC-Quality/Timely. SS=D</td>
<td><strong>Requirement:</strong> The facility will provide and obtain laboratory services to meet the needs of its Residents. The facility is responsible for the quality and timeliness of the services. <strong>Corrective Action:</strong> 1. The Physician was notified by the DON on 3/23/2010 and a new order was received to draw a CBC post antibiotic completion on Resident #13. 2. A lab audit was conducted on 3/23/2010 by the DON, ADON, and Risk Management Nurse to ensure laboratory testing was scheduled and obtained as ordered. 3. The Licensed Nursing staff was inserviced on 3/23/2010 by the DON regarding scheduling and obtaining of labs. 4. The DON, ADON, and Risk Management Nurse will continue to monitor for compliance through random chart audits and report findings to the QA/A committee quarterly. <strong>Completion Date</strong> 04/01/2010</td>
<td></td>
</tr>
</tbody>
</table>

- **Medical record review for Resident #13 documented an admission date of 9/7/07 with diagnoses of Hypertension, Osteoporosis, Dementia, Coronary Artery Disease, Depression and Hyperlipidemia. The physician's order dated 3/19/10 for Resident #13 documented, "Obtain CBC [Complete Blood Count]." The facility was unable to provide documentation that the CBC was done as ordered.**

- **During an interview in the admission office on 3/23/10 at 11:25 AM, Licensed Practical Nurse (LPN) #1 was asked about the lab results ordered on 3/19/10. LPN #1 stated, "It [CBC] wasn't done. The nurse failed to place it [CBC] on the 3/20/10 lab schedule."**