**Post-Certification Revisit Report**

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, Office of Financial Management, P.O. Box 26504, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number: 445480

(Y2) Multiple Construction: A. Building, B. Wing

(Y3) Date of Revisit: 8/8/2012

Name of Facility: HUMPHREYS CO NURSING HOME

Street Address, City, State, Zip Code: 670 HIGHWAY 13 SOUTH, WAVERLY, TN 37185

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

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Reviewed By: [Signature] Date: 8/9/12

Followup to Survey Completed on: 6/29/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
A follow-up survey was conducted on 8/7-10/2012. The facility was found not in compliance with the Medicare regulations at 42CFR483.5-Subpart B-Requirements for Long Term Care facilities. The facility’s census was 65.

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.

This REQUIREMENT is not met as evidenced by:
Based on review of the facility’s plan of correction, medical record review, resident interview, and staff interview, it was determined the facility failed to monitor the effectiveness of pain medication administered for 8 of 11 (Residents #1, 5, 6, 7, 8, 9, 10, and 11) sampled residents.

The findings included:
1. Review of the facility’s plan of correction dated 7/17/12 documented, "...The Pain Assessment Flowsheet will be used to record pain assessment ratings and follow-up of effectiveness of pain medication..."

1) On 8/9/12 through 8/13/12 the DON & ADON shared the findings of the survey report with all staff concerning the affected residents. Each nurse who had delinquent charting on this resident’s chart was requested to begin charting accurately and as permitted to do late entries if possible.

Beginning 8/9/12 and ending 8/13/12 the Director of Nursing conducted one-on-one in-services with all licensed nursing staff (RNs and LPNs) concerning Pain Assessment and Management Policy.
Continued From page 1

During a telephone interview from the regional office on 8/10/12 at 3:55 PM, the Director of Nurses (DON) stated, "...The pain assessment flow sheet is used with all PRN [as needed] pain medications. [The nurses are to use] the pain management flowsheet with each dose of PRN medication administered..."


a. July 20, 2012 - NTDL, dose #29 dispensed at 4:30 PM - No assessment on PMF.

b. July 27, 2012 - NTDL, dose #30 dispensed at 10:30 PM - No assessment on PMF.

Review of Resident #1's NTDL Lortab 7.5-500 Lot #4984938 and the PMF for August 2012 revealed on 8/2/12, Dose #15 was dispensed at 11 AM - No assessment done on the PMF.

3. Medical record review for Resident #6 documented an admission date of 7/8/12 with diagnoses of Seizures, Depression, Glaucma, Hypothyroidism, Paradoxical Pressor Response, Pneumonia, Post menopausal female, and Cardiovascular Disease. Review of a physician's phone order dated 8/2/12 documented, "...1) Roxanol .25 ml [milliliter] (sl) [under the tongue] q

signing out PRN pain destruction log, documenting initials and time on MAR, completing PRN Pain Flow Assessment with pain rated on a scale of 1-10, using the FLACC pain scale to rate non-cognitive residents’ pain, and following up for effectiveness of pain medication.

2) On August 8, 2012, the DON, ADON and Risk Manager audited all residents’ NTDL for proper signing out of drugs. Pain Flow Assessment sheet for rating and follow-up for effectiveness, and time and initials on MAR.

3) To ensure the deficient practice does not recur, all residents’ NTDL, Pain Flow Assessment and MAR will be audited using new tool (Narc, PMF, MAR Check Flow Sheet – see attached) for correct procedure and proper documentation daily. If any errors or omissions are found, the responsible nurse will be notified within 24 hours to document late entry for NTDL.
(F 309) Continued From page 2

2 hrs pm pain, air hunger, respiratory distress...

Review of Resident #5’s NTDL for Morphine Sulfate solution 20 milligrams per milliliter (mg/mgl, Lot #1622358A and the PMF for August, 2012 revealed on 8/7/12, dose #27 was dispensed at 5:30 PM - No assessment done on the PMF

GIVE 1 BY MOUTH EVERY FOUR HOURS AS NEEDED FOR PAIN... PRN...

Review of Resident #6’s NTDL for "Hydrocod/APAP 5-500" Lot #539889A and the PMF for July, 2012 revealed on 7/30/12, dose #10 was dispensed at 2:00 AM - No assessment done on the PMF.

5. Medical record review for Resident #7 documented an admission date of 3/8/10 with diagnoses of Hypertension, Hypothyroidism, Dementia, Reflex Esophagitis, Insomnia, Depression, Diabetes, and Arthritis. Review of a physician’s order dated 6/27/12 documented, "...HYDROCOD/APAP 5/500
GIVE 1 TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN... PRN...

Review of Resident #7’s NTDL for Hydrocod/APAP 5/500 Lot #510541A and the PMF for July 2012 revealed the following:

a. July 26, 2012 - NTDL, dose #29 dispensed at 8:00 AM - No assessment on PMF
b. July 27, 2012 - NTDL, dose #28 dispensed at 8:00 AM - No assessment on PMF

4) A special QI Committee meeting was scheduled on August 10, 2012. The DON reported findings and discussed action plan to be implemented. The DON will continue to report the outcomes of monitoring of NTDL, PMF and MAR to the Administrator weekly and quarterly to the Quality Improvement Committee for 1 year. The Administrator will report outcomes to the monthly Board of Directors meeting. The next
B. Medical record review for Resident #8 documented an admission date of 7/3/12 with diagnoses of Arthritis, Chronic Obstructive Pulmonary Disease, Chronic Dysrhythmias, Chronic Pain, Idiopathic Scoliosis, Anemia, Hypertension, Dementia, and Depression. Review of a physician's order dated 7/19/12 documented: 
"...Lortab 5/325 [symbol for 1] po TID PRN..." 
Review of Resident #8's NTDL for Hydrocodone/APAP TAB 5-325 MG, Lot #T120012A and the PMF for July 2012 revealed the following:

a. July 18, 2012 - NTDL, dose #30 dispensed at 7:30 PM - No assessment on PMF.
b. July 24, 2012 - NTDL, dose #18 dispensed at 8:00 AM - No assessment on PMF
c. July 24, 2012 - NTDL, dose #17 dispensed at 2:00 PM - No assessment on PMF
d. July 24, 2012 - NTDL, dose #16 dispensed at 6:00 PM - No assessment on PMF
e. July 28, 2012 - NTDL, dose #13 dispensed at 7:00 AM - No assessment on PMF.
f. July 26, 2012 - NTDL, dose #12 dispensed at 7:30 PM - No assessment on PMF.
g. July 27, 2012 - NTDL, dose #10 dispensed at 6:45 PM - No assessment on PMF
h. July 28, 2012 - NTDL, dose #8 dispensed at 4:00 PM - No assessment on PMF
i. July 29, 2012 - NTDL, dose #5 dispensed at 4:00 PM - No assessment on PMF.

meeting is scheduled for August 22, 2012.
Continued From page 4

for July, 2012 revealed the following:

a. July 31, 2012 - NTDL, dose #30 dispensed at 8:00 PM - No assessment on PMF.

b. Review of a physician’s order dated 8/7/12 documented, “…Hydrocodone Apap 5/325 mg po TID PRN…”

c. Review of Resident #8's NTDL for Hydrocod/APAP TAB 5-325 MG, Lot #T145C12A and the PMF for August, 2012 revealed the following:

a. August 1, 2012 - NTDL, dose #28 dispensed at 1:00 PM - No assessment on PMF.

b. August 3, 2012 - NTDL, dose #23 dispensed at 9:00 PM - No assessment on PMF.

c. August 4, 2012 - NTDL, dose #22 dispensed at 7:00 AM - No assessment on PMF.

d. August 4, 2012 - NTDL, dose #21 dispensed at 7:00 PM - No assessment on PMF.

7. Medical record review for Resident #9 documented an admission date of 6/11/11 with diagnoses Hypertension, Diabetes, Falling, Occlusion of Coronary Artery Bypass Graft, and Cerebral Vascular Disease. Review of a physician’s order dated 6/27/12 documented, “...HYDROCOD/APAP 5/500 GIVE 1 TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR PAIN PRN…” Review of Resident #9’s NTDL for Hydrocod/APAP 5/500, Lot #53486A and the PMF for July, 2012 revealed 7/30/12 NTDL, dose #3 dispensed at 4:00 PM had no assessment on the PMF.

Review of Resident #9's NTDL for Hydrocod/APAP 5/500, Lot #525523A and the PMF for July and August, 2012 revealed the following:

a. July 31, 2012 - NTDL, dose #30 dispensed at 5:00 PM - No assessment on PMF.
Continued from page 5

8. Medical record review for Resident #10 documented an admission date of 2/10/11 with diagnoses of Seizure, Anxiety, Hypertension, Cataract, Urinary Incontinence, Aphasia, and Cerebral Vascular Accident. Review of a physician's order dated 7/18/12 documented, "...HYDROCOD/APAP 5/500 GIVE 1 TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED PRN..." Review of Resident #10's NTDL for Hydrocod/APAP 5/500, Lot #4507810A and the PMF for July and August, 2012 revealed the following:

a. July 31, 2012 - NTDL, dose #24 dispensed at 4:30 PM - No assessment on PMF.
b. July 30, 2012 - NTDL, dose #23 dispensed at 3:30 PM - No assessment on PMF.
c. August 1, 2012 - NTDL, dose #20 dispensed at 8:00 AM - No assessment on PMF.
d. August 1, 2012 - NTDL, dose #19 dispensed at 1:00 PM - No assessment on PMF.
e. August 2, 2012 - NTDL, dose #15 dispensed at 8:00 AM - No assessment on PMF.
f. August 2, 2012 - NTDL, dose #14 dispensed at 1:00 PM - No assessment on PMF.
g. August 2, 2012 - NTDL, dose #13 dispensed at 5:00 PM - No assessment on PMF.
h. August 2, 2012 - NTDL, dose #12 dispensed at 9:00 PM - No assessment on PMF.
i. August 3, 2012 - NTDL, dose #9 dispensed at 1:00 PM - No assessment on PMF.
j. August 3, 2012 - NTDL, dose #8 dispensed at 5:00 PM - No assessment on PMF.
k. August 5, 2012 - NTDL, dose #1 dispensed at 10:00 AM - No assessment on PMF.
9. Medical record review for Resident #11 documented an admission date of 2/10/11 with diagnoses of Backache, Female Genital Symptoms, Malaise & Fatigue, Hyposcmolality, Arthropathy, Hypertension, Debility, and Joint Pain. The Minimal Data Set (MDS) dated 7/15/12 documented a score of 12 on the Brief Interview for Mental Status (BIMS) which indicated Resident #11's cognitive status was moderately impaired with 13 and above being cognitively intact. Review of a physician's order dated 7/10/12 documented, "...Hydrocodone 7.5/500 mg q 4 hrs PRN Pain..."

During an interview in Resident #11's room on 8/8/12 at 10:50 AM, Resident #11 was asked if she took pain medications, if the staff asked how severe the pain was before they gave the pain medication and if the staff used a scale of 1 to 10 to determine how much she hurt. Resident #11 stated, "...Yes [she did take pain medication]... Yes, they [the staff] ask how severe the pain is most of the time... Sometimes [they use a scale of 1 to 10] to determine how much she hurt..."

Review of Resident #11's NTDL for Hydroco/APAP TAB 7.5-500, Lot # 498493A and the PMF for July, 2012 revealed the following:

a. July 19, 2012 - NTDL, dose #17 dispensed at 5:00 AM - No assessment on PMF.

b. July 19, 2012 - NTDL, dose #16 dispensed at 11:30 AM - No assessment on PMF.

c. July 19, 2012 - NTDL, dose #15 dispensed at 5:30 PM - No assessment on PMF.

d. July 20, 2012 - NTDL, dose #12 dispensed at 4:00 PM - No assessment on PMF.

e. July 22, 2012 - NTDL, dose #6 dispensed at 5:00 AM - No assessment on PMF.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(HUMPHREYS CO NURSING HOME)

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f. July 23, 2012 - NTDL, dose #8 dispensed at 5:30 AM - No assessment on PMF.
g. July 23, 2012 - NTDL, dose #6 dispensed at 2:00 PM - No assessment on PMF.
h. July 25, 2012 - NTDL, dose #4 dispensed at 9:00 AM - No assessment on PMF.
i. July 26, 2012 - NTDL, dose #2 dispensed at 10:30 PM - No assessment on PMF.

Review of Resident #11’s NTDL for Hydrocortisone/APAP TAB 7.5-500, Lot #498493A (recorded as same number as above) and the PMF for July and August, 2012 revealed the following:

a. July 27, 2012 - NTDL, dose #30 dispensed at 2:00 AM - No assessment on PMF.
b. July 27, 2012 - NTDL, dose #29 dispensed at 10:00 AM - No assessment on PMF.
c. July 30, 2012 - NTDL, dose #27 dispensed at 10:00 AM - No assessment on PMF.
d. July 31, 2012 - NTDL, dose #26 dispensed at 12:00 PM - No assessment on PMF.
e. August 2, 2012 - NTDL, dose #22 dispensed at 11:00 PM - No assessment on PMF.

{F 371}
483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

F 371 483.35 FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY

8/9/12

The facility will procure food from sources approved or considered satisfactory by Federal, State or local authorities; and Store, prepare, distribute and serve food under sanitary conditions

1) Upon being made aware of expired dated foods and unlabeled foods, the Dietary Manager immediately discarded them on August 8, 2012.

The Administrator assisted the Dietary manager to correct the Kitchen Quick Rounds checklist to provide correct information to facility staff and comply with state and federal regulations. This was completed on August 9th 2012. (See attached check list system)
Continued From page 8
This REQUIREMENT is not met as evidenced by:

Based on policy review, observations, review of the facility's 'Kitchen Quick Rounds' checklist, and staff interviews, it was determined the facility failed to ensure all food items were labeled and dated and expired foods were discarded and not available for use.

The findings included:

1. Review of the facility's "Food Receiving and Storage" policy documented, "...Policy Interpretation and Implementation..." 7. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date)... 13...
   a. Beverages must be dated when opened and discarded after twenty-four (24) hours."

2. Observations during a tour of the kitchen on 8/7/12 beginning at 9:05 AM revealed the following:
   a. Two - seven ounce glasses with thickened water were not labeled as to date put into snack refrigerator.
   b. One - four ounce glass of apple juice and one - four ounce glass of orange juice were not labeled as to date put into snack refrigerator.
   c. One - two quart (half full) container of grape juice in the snack refrigerator was labeled 7/29 (date put in).
   d. One - two quart (half full) container of cranberry juice in the snack refrigerator was labeled 7/29 (date put in).
   e. One tray of cucumber/tomato salad in dessert size bowls were not labeled as to date put in the cooler.
   f. One - plastic sack in the freezer closest to exit

2) On August 9, 2012, the Dietary Manager in-serviced the Kitchen Quick Rounds System for proper item and date labeling of refrigerated and frozen food items, and throwing out expired products so they are not available for use. The staff was made aware that not following policy and procedure could result in disciplinary action.

3) Beginning August 9, 2012, the Dietary Manager will have each cook per day shift to use the Kitchen Quick Round System as part of their daily operations and routine.

To ensure the deficient practice does not recur, the Dietary Manager will survey the refrigerators and freezers daily to see that the Kitchen Quick Round System is in compliance. This was started on 8/10/2012 and will continue daily for the next year.

In addition, the Dietary Manager began reviewing the staffs' checklists on 8/10/2012 to see that they are being completed correctly.
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| (F 371) | Continued From page 9 door of kitchen, contained diced green peppers (half full) with no label when date opened.  
g. One - ziplock bag in the freezer closest to exit door of kitchen, contained a frozen pie shell with no label when date opened.  
h. One - plastic sack in the cooler outside the back door of the kitchen, contained shredded mozzarella cheese in the original packaging (half full) that had no 'use by' date and had no label as to when opened.  
During an interview in the Social Worker's office on 8/9/12 at 12:25 PM, the Dietary Manager (DM) stated, "...Glasses are good for three days. We pour up the day before we use so it [the contents] will be cold..." The DM was asked about the 7/26 and 7/29 labels on the grape juice and cranberry containers. The DM stated, "I thought they were just not taking the old dates off..."  
Review of the facility's 'Kitchen Quick Rounds' checklist indicated that since 7/17/12 that foods were "labeled, dated, covered, and/or discarded... Throw out expired foods." Yet, observations revealed this checklist was incorrect due to the findings noted above.  
The DM was asked about the 'Kitchen Quick Rounds' checklist that indicated since 7/17/12 that foods were "labeled, dated, covered, and/or discarded... Throw out expired foods." The DM stated, "...I don't think they understood the check list..." | (F 371) | 4) The Dietary Manager will report monitoring outcomes weekly to the Administrator until compliance is reached, and report outcomes quarterly to QI Committee for 1 year. The Dietary Manager reported the first week of monitoring outcomes at the scheduled QI Committee meeting on August 10, 2012. The Administrator will report outcomes at the next Board of Directors meeting on August 22, 2012 and quarterly thereafter. |