DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(x1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER: 445501

(x2) MULTIPLE CONSTRUCTION
A. BUILDING

(x3) DATE SURVEY COMPLETED
07/05/2012

NAME OF PROVIDER OR SUPPLIER
WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE
6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919

07/05/2012

F 000 INITIAL COMMENTS

During the annual Recertification survey and investigation of complaint number TN30013, conducted on July 2, 2012 through July 5, 2012, at West Hills Health and Rehab, no deficiencies were cited under 42CFR PART 482.13, Requirements for Long Term Care related to complaint number TN30013.

F 250 PROVISION OF MEDICALLY RELATED SOCIAL SERVICE

The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, interview, and review of facility policy, the facility failed to provide related social service follow up regarding advanced directives for one resident (#7) of twenty-three residents reviewed.

The findings included:
Resident #7 was admitted to the facility on November 9, 2005, with diagnoses including Esophageal Reflux, Parkinson Disease, Hypothyroidism, Osteoporosis, Bipolar Disease, and Dementia.

Medical record review of the quarterly Minimum Data Set (MDS), dated June 16, 2012, the resident scored a 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 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.

FORM CMS-2587(02-99) Previous Versions Obsolete
Event ID: NCTH11
Facility ID: Tn4719
JUL 20 2012
F 250. Continued From page 1
the assessment was conducted with the resident and the resident indicated a "DNR status". Further
interview with the LMSW confirmed the social assessment and the POST form were
inconsistent and the resident was a "full code". Continued interview confirmed the social services
had not followed up to clarify the resident's desires related to the advanced directives.

Interview with the Director of Nursing (DON), on July 3, 2012, at 1:50 p.m., in the Nurses Station,
confirmed the social service assessment revealed the resident was a DNR and the POST
form revealed the resident was a full code.

any discrepancies. The Social Service Director will inform the Assistant Director of
Nursing/Director of Nursing to obtain clarification from physician. The
administrator or Director of Nursing will
randomly audit the Social Service Assessment weekly times four weeks, then monthly to
ensure the assessment and the medical record
match.

4. All findings will be reviewed by the
Director of Nursing in the Quality Assurance Performance Improvement Committee
meeting for three months and/or until one
hundred percent compliance is achieved. The
Quality Assurance Performance Improvement Committee consists of the Administrator,
Medical Director, Director of Nursing, Staff
Development Coordinator, Environmental
Services, Dietary, Social Services Director,
Business Office Manager, MDS Coordinator,
Rehabilitation Department, Medical Records and
Environmental Department.

7/13/12
F 250: Continued From page 2
Interview with the facility administrator, on July 3, 2012, at 3:15 p.m., in the administrator's office, confirmed "...the resident has been a full code since admission to the facility and the resident confirmed today the full code status". Further interview revealed "...the social service director could not remember if the resident gave an interview for the DNR status or if the documentation was an input data problem..."
Continued interview with the administrator confirmed the social service assessment and the POST form were inconsistent and the social service had not followed up to clarify the resident's desires related to the advanced directives.

F 280: 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

F 280
1. Resident #11's care plan was updated to reflect a fall on May 27, 2012 by Assistant Director of Nursing. The 2567 incorrectly states date of fall as May 28, 2012. Resident #11's care plan was updated to reflect the fall on June 14, 2012 by the Charge Nurse and Restorative Nurse.

2. Residents, with falls for the last 3 months, were audited on 7/3/12 by the Regional Nurse, Director of Nursing, and Assistant Director of Nursing. There were no other residents affected.

3. All nurses will be in-serviced on updating the care plan, after a fall, by Assistant Director of Nursing, Director of Nursing, Unit Manager by 7/18/12. The Unit Manager will review the falls investigation/report to ensure all parts of the investigation are attached to the investigation report. The Director of Nursing
**F 280** Continued From page 3

This **REQUIREMENT** is not met as evidenced by:

Based on medical record review, review of facility policy, and interview the facility failed to update the care plan after two falls for one resident (#11), of twenty-three residents reviewed.

The findings included:

Resident #11 was readmitted to the facility on March 11, 2011, with diagnoses including Anemia, Hypertension, Neuropathy, Dementia, Depression, Anxiety, Cellulitis, Sciatic Nerve, and Chronic Obstructive Pulmonary Disease.

Medical record review of the quarterly Minimum Data Set (MDS), dated June 4, 2012, the resident scored a 12 on the Brief Interview for Mental Status (BIMS) which indicated the resident was moderately impaired.

Medical record review of physician's progress notes revealed the resident had fallen on May 28, 2012, and again on June 14, 2012.

Medical record review revealed the resident's care plan related to falls had not been updated since May 27, 2012. The quarterly review of the care plan was done on June 11, 2012, with no changes or documentation of the falls on May 28, 2012, and June 14, 2012.

Review of the facility's policy "Care Plan - Comprehensive" last revised in August 2006, revealed "...care plans are revised as changes in the resident's condition dictate..."
<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>
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<tbody>
<tr>
<td>F 280</td>
<td>Continued From page 4</td>
<td>F 280</td>
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<td></td>
<td>Interview with the Assistant Director of Nursing on July 2, 2012, at 3:15 p.m., at the second floor nurse's station, confirmed the resident's care plan under falls had not been updated to reflect the two falls.</td>
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<td>F 372</td>
<td>483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE PROPERLY</td>
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<tr>
<td>SS=D</td>
<td>The facility must dispose of garbage and refuse properly.</td>
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<td>This REQUIREMENT is not met as evidenced by:</td>
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<td>1. No residents were identified as having been affected. The liquid around the dumpster was immediately cleaned by the maintenance assistants on 7/2/12. The dumpster was resealed on 7/13/12 by the Waste Management of Knoxville.</td>
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<td>Based on observation and interview, the facility failed to maintain a sanitary environment in the dumpster area for one of one dumpster outside.</td>
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<td>2. There are no other dumpsters at the facility.</td>
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<td>The findings included:</td>
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<td>3. The administrator in-serviced the maintenance on proper containment of garbage on 7/2/12.</td>
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<td>Observation of the compactor dumpster with the Registered Dietitian on July 2, 2012, at 9:45 a.m., outside the facility, revealed liquid refuse leaking from the compactor dumpster, was running onto the concrete slab under the dumpster, and down the adjacent asphalt. The leakage was greenish in color and produced a strong, foul, and soured odor.</td>
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<td>4. The maintenance director will audit the compactor dumpster weekly times 3 months to ensure the seal remains intact. The Administrator will randomly audit the compactor dumpster monthly times 3 months and ongoing during monthly preventative maintenance rounds to ensure the seal is intact. All findings will be addressed in the Quality Assurance Performance Improvement Committee for three months and/or until one hundred percent compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.</td>
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<td>Interview with the Maintenance Director on July 2, 2012, at 9:48 a.m., at the dumpster site, revealed the compactor dumpster had &quot;...a busted seal that caused the leakage when the dumpster was full...&quot; and confirmed the facility failed to ensure the proper containment of garbage and refuse.</td>
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