STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(x1) PROVIDER/SUPLIER/ICA IDENTIFICATION NUMBER: 445277

(x2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
(x3) DATE SURVEY COMPLETED 05/02/2012

NAME OF PROVIDER OR SUPPLIER
MCMINN MEMORIAL NURSING HOME & REHAB CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
886 HWY 411 NORTH
ETOWAH, TN 37334

(x4) ID TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 323 483.25(i) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of facility investigation documentation, observation, and interview, the facility failed to provide adequate supervision and/or assistance to prevent a fall with injury for one resident (44) of five sampled residents.

The findings included:
Resident #4 was admitted to the facility on August 11, 2011, with diagnoses including Failure to Thrive and Dementia with Behavioral Disturbance.

Medical record review of a Fall Risk Assessment dated November 23, 2011, revealed a score of 20 and a score of 20 or greater represented high risk.

Medical record review of a Minimum Data Set dated February 20, 2012, revealed the resident was severely impaired with decision-making skills, non-ambulatory, and required the assistance of two staff for hygiene, toileting, and transfers. Continued review revealed the resident

(x5) ID TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 323

This POC is being submitted in compliance with federal regulations and SOM. It is not intended to be used as an admission or for any other purpose other than the purpose stated herein.

1. On May 12, 2012 the care plan for resident #4 was updated to reflect that the resident requires assistance of two caregivers for transfers and incontinent care. Also on 5/12/2012 the resident's low bed was changed to a PVC low bed which is closer to the floor. On 5/8/12 a perimeter mattress was ordered to further prevent the risk of falling. The anticipated arrival date for the mattress is May 22, 2012.

2. All Residents with a high fall risk could be affected by this deficient practice. Fall risk assessments are done on each resident upon admission, quarterly and or with significant changes and following a fall. All care plans will be audited and updated by May 31, 2012 to reflect the degree of assistance needed for incontinent care and transfers. This will be done by the director of nursing, assistant director of nursing, the resident care plan coordinator and the chart audit nurses.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE 5/18/2012

(00) DATE

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 disclosing 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 disclosed 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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had a history of falls.

Medical record review of a care plan effective
through August 27, 2012, revealed, "At risk for falls...Give degree of assistance needed with
transfers..."

Review of facility investigation documentation
dated April 17, 2012, revealed, "...Unwitnessed
Fall/Found on Floor...CNA (certified nursing assistant)
attempting to change resident to transfer to chair resident became combative -
CNA stepped to door to get assistance - Resident
rolled in bed and fell to floor, found resident in
floor...2 abrasions R (right) knee with no bleeding.
S/T (skin tear) R elbow 1 cm (centimeter) x 1
cm..."

Observation on May 1, 2012, at 3:35 p.m.,
revealed the resident in a low bed with a pressure
sensitive alarm pad, 1/4 siderails raised on both
sides of the bed, and a mattress on the floor in
front of the bed.

Interview with CNA #1 on May 2, 2012, at 1:23
p.m., in a conference room, revealed the resident
was able to move around while in bed prior to the
fall on April 17, 2012, and CNA #1 stated, "...
(Resident) tries to squirm about..."

Interview with CNA #2 on May 2, 2012, at 1:23
p.m., in a conference room, revealed the resident
had required assistance of two staff for transfers
prior to the fall on April 17, 2012.

Interview with the Assistant Director of Nursing on
May 2, 2012, at 1:55 p.m., in a conference room,
confirmed the facility failed to provide adequate
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<tr>
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<td>supervision and/or assistance to prevent a fall for Residency #4 on April 17, 2012</td>
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**Name of Provider or Supplier:**

MCANIN MEMORIAL NURSING HOME & REHAB CENTER

**Address:**

866 HWY 411 NORTH
ETOWAH, TN 37331

**Street Address, City, State, Zip Code:**

**Identification Number:**

**Provider Number:**

**Building:**

**Street:**

**Type of Construction:**

**Corrective Action:**

**Date of Survey Completed:**

05/18/2012

**OMB No. 0938-0431**