MAURY REGIONAL HOSPITAL SNU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

F 156

SS= C

483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES

The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice if any of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.

The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged, those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services, and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.

The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.

The facility must furnish a written description of legal rights which includes:

What corrective action will be accomplished for the resident found to have been affected by the deficient practice? Patients on sample who did not receive liability and appeal notice were not at the end of their skilling service. These patients could have received additional days on the skilled unit or in another skilled facility. The patients were ready to go home and they chose the day of discharge. No action necessary for these three patients.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

We have researched the requirement for patient notification and will put a system in place to ensure that all patients who meet the requirement will be notified as required. If a patient's Medicare coverage is being discontinued as a determination of the unit (not the patient) an expedited determination notice will be

RECEIVED

LABORATORY DIRECTOR OR PROVIDER/ SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(28) DATE

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 patient. (See instructions.) Except for nursing homes, the findings stated above are discloseable 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 discloseable 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.
F 156
Continued From page 1
A description of the manner of protecting personal funds, under paragraph (c) of this section;

A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This...
### MAURY REGIONAL HOSPITAL SNU

#### F 156

Continued From page 2

- includes a written description of the facility’s policies to implement advance directives and applicable State law.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

This REQUIREMENT is not met as evidenced by:

- Based on interview, it was determined the facility failed to provide residents with liability and/or appeal notice(s) for three Medicare beneficiaries who were discharged from the facility in the past 6 months.

The findings included:

- During an interview in the Activity/Dining room on 4/29/12 at 3:30 PM, the surveyor asked the Administrator to provide the liability and appeal notice(s) given for 3 discharged Medicare covered residents who had days of Medicare covered services left. The Administrator stated, "...We don't do them [Liability Notices and Beneficiary Appeal Rights]. At admission it is understood we are a short term facility..."

- During an interview in the Social Worker’s office, Administrator and DON attend this meeting.
MAURY REGIONAL HOSPITAL SNU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER

445398

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

04/25/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1224 TROTWOOD AVE

COLUMBIA, TN 38401

(X4) ID PREFIX TAG

F 156 Continued From page 3 on 4/25/12 at 5:00 PM, the Social Worker was asked if she gave Medicare covered residents the required liability and/or appeal notice(s) to a resident with Medicare Skilled coverage remaining. The Social Worker stated, ",...No..."

F 272 483.20(b)(1) COMPREHENSIVE SS-D ASSESSMENTS

The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.

A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:

- Identification and demographic information;
- Customary routine;
- Cognitive patterns;
- Communication;
- Vision;
- Mood and behavior patterns;
- Psychosocial well-being;
- Physical functioning and structural problems;
- Continence;
- Disease diagnosis and health conditions;
- Dental and nutritional status;
- Skin conditions;
- Activity pursuit;
- Medications;
- Special treatments and procedures;
- Discharge potential;
- Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and

F 166

F 272 N/A

What corrective action will be accomplished for the resident found to have been affected by the deficient practice? The order for Haldol pm insomnia was discontinued on 4/23/12. The patient had not received a dose of this medication since her admission on 4/7/12.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? When a patient has an anti-psychotic order on admission, the RN will be responsible for reviewing the chart to see if there is an appropriate diagnosis for the use of the anti-psychotic. If there is not, the RN will notify the physician and request order to discontinue the medication or to obtain an appropriate diagnosis for the use of the medication.

5/21/12
F 272 Continued From page 4
Documentation of participation in assessment.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to assess the need for psychotropic medication usage for 1 of 10 (Resident #118) sampled residents receiving psychotropic medications.

The findings included:
Medical record review for Resident #118 documented an admission date of 4/12 with diagnoses of Difficulty Walking, Alzheimer's Disease, Lack of Coordination, Weakness, Deep Vein Thrombosis, Dementia, Urinary Tract Infection and Osteopenia. Review of the physician's order dated 4/7/12 documented, "Haloperidol 1- [to] 2 MG [milligram] Q [every] HS [hour of sleep] PRN [as needed] PO [by mouth]." Review of the long term care facility medication instructions documented, "...HALOPERIDOL 1 MG TAB [tablet] ... ORAL 1-2 MG AT BEDTIME INSOMNIA." The facility was unable to provide documentation of an appropriate diagnosis for the use of Haloperidol.

During an interview at the nurses' station on 4/29/12 at 4:40 PM, the Director of Nursing (DON) was asked what the diagnosis was for the Haloperidol Resident #118 received. The DON

What measures will be put in place or what systematic changes will you make to ensure that deficient practice does not recur? A log will be created for to track physician notifications. The RN will follow up every 72 hours until a response is received from the physician (except during weekends and holidays—during which time we will follow up on the next physician working day). All nurses will be educated on this process. We will also continue to have the consulting pharmacist review charts to make further recommendations to physicians regarding the discontinuance of inappropriate anti-psychotic medications.

How will the corrective action be monitored to ensure that the deficient practice does not recur? The RN will ensure each night during chart checks that all anti-psychotic medications have an appropriate diagnosis listed on the eMAR. If there is not a diagnosis, the RN will check the log to see if a request has been made to the
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(X1) PROVIDER/SUBPLIER/CLA IDENTIFICATION NUMBER: 445398

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
04/25/2012

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE
1224 TROUGHTON AVE
COLUMBIA, TN 38401

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

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<td>physician. If a request has not been made, the RN will notify the DON for follow up with the RN who failed to notify the physician. A request to the physician for the appropriate diagnosis or discontinuance of the anti-psychotic med will be made to the physician on his next working day.</td>
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<td>F 279</td>
<td>What corrective action will be accomplished for the resident found to have been affected by the deficient practice? The care plan for this patient was changed to Impaired Skin Integrity r/t pressure ulcer.</td>
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<td>F 272</td>
<td>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other patients who are admitted with a pressure ulcer, or develop a pressure ulcer while at our facility, will have a care plan problem of Impaired Skin Integrity.</td>
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<td>F 279</td>
<td>What measures will be put in place or what systematic changes will you make to</td>
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COMPREHENSIVE CARE PLANS

- A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.
- The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.
- The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).
- This REQUIREMENT is not met as evidenced by:
  - Based on medical record review, observation and interview, it was determined the facility failed to develop a care plan to reflect a pressure ulcer for 1 of 14 (Resident #125) sampled residents reviewed of the 14 residents in the Stage 2 review.
  - The findings included:
    - Medical record review for Resident #125

4/25/12
5/21/12
5/21/12
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**NAME OF PROVIDER OR SUPPLIER**

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**STREET ADDRESS, CITY, STATE, ZIP CODE**

1224 TROTWOOD AVE
COLUMBIA, TN 38401

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<td>F 279</td>
<td>Continued From page 6 documented an admission date of 4/18/12 with diagnoses of Pressure Ulcer Heel Stage I, Salmonella Diarrhea Illness, Popliteal Artery Thrombosis, Coronary Artery Disease, Diabetes Mellitus Type II, and Hypertension. Review of the skilled nursing unit admission assessment dated 4/18/12 documented Resident #125 has a stage I pressure ulcer to the left heel (was actually the right heel). Review of a physician’s order dated 4/18/12 documented, &quot;...Skin barrier film to Bil [bilateral] Heels Bid [twice daily] &amp; [and] prn [as needed].&quot; Review of a physician’s order dated 4/24/12 documented, &quot;...Skin barrier to Bil heals Q [every] pm...&quot; Review of the care plan dated 4/19/12 documented, &quot;...Potential for Impaired Skin Integrity...&quot; The care plan did not document that Resident #125 has a Stage I pressure ulcer on the right heel. Observations in Resident #125's room on 4/24/12 at 3:40 PM, revealed Resident #125 lying in bed with her feet floated on two pillows. During an interview in Resident #125's room on 4/24/12 at 3:40 PM Resident #125 stated, &quot;My heel is not as sore as it was a few days ago when it was really red.&quot; During an interview in the Activity/Dining room on 4/29/12 at 12:10 PM, Nurse #1 was asked if the care plan for Resident #125 included the Stage I pressure ulcer. Nurse #1 reviewed the care plan and stated, &quot;It says potential. She [Resident #125] had a Stage I, so it needs to have impaired skin as the problem instead of potential.&quot;</td>
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<td>ensure that deficient practice does not recur? All nurses will be educated regarding the difference between Potential for Impaired Skin Integrity and Impaired Skin Integrity. How will the corrective action be monitored to ensure that the deficient practice does not recur? Care plans will be reviewed each night by an RN. Any patients without the correct care plan problems will be logged in a notebook. The DON will follow up with the nurse not correctly care planning the problem.</td>
<td>5/21/12</td>
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**F 329**

What corrective action will be accomplished for the resident found to have been affected by the deficient practice? The

| SS=0 | 483.25(f) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS | N/A |
F 329
Continued From page 7

Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to provide an adequate indication for the use of a psychotropic medication for 1 of 10 (Resident #118) sampled residents reviewed receiving psychotropic medications.

The findings included:

Medical record review for Resident #118

order for Haldol prn insomnia was discontinued on 4/23/12. The patient had not received a dose of this medication since her admission on 4/7/12.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

When a patient has an antipsychotic order on admission, the RN will be responsible for reviewing the chart to see if there is an appropriate diagnosis for the use of the anti-psychotic. If there is not, the RN will notify the physician and request order to discontinue the medication or to obtain an appropriate diagnosis for the use of the medication.

What measures will be put in place or what systematic changes will you make to ensure that deficient practice does not recur? A log will be created for to track physician notifications. The RN will follow up every 72 hours until a response is received from the physician (except during...
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| F 329 | Continued From page 8 documented an admission date of 4/7/12 with diagnoses of Difficulty Walking, Lack of Coordination, Weakness, Alzheimer's Disease, Dementia, Urinary Tract Infection, Osteopenia and Deep Vein Thrombosis. Review of the physician's order dated 4/7/12 documented, "Haloperidol 1-[tto] 2 MG [milligram] Q [every] HS [hour of sleep] PRN [as needed] PO [by mouth]." Review of the long term care facility medication instructions documented, "...HALOPERIDOL 1 MG TAB (tablet)... ORAL 1-2 MG AT BEDTIME. INSOMNIA..." The facility was unable to provide documentation of an appropriate diagnosis for the use of the psychotropic medication Haloperidol.

During an interview at the nurses' station on 4/25/12 at 4:40 PM, the Director of Nursing (DON) was asked what the diagnosis was for the Haloperidol Resident #118 received. The DON stated "It [Haloperidol] was pm for insomnia." | F 329 | weekends and holidays – during which time we will follow up on the next physician working day. All nurses will be educated on this process. We will also continue to have the consulting pharmacist review charts to make further recommendations to physicians regarding the discontinuance of inappropriate anti-psychotic medications. How will the corrective action be monitored to ensure that the deficient practice does not recur? The RN will ensure each night during chart checks that all anti-psychotic medications have an appropriate diagnosis listed on the eMAR. If there is not a diagnosis, the RN will check the log to see if a request has been made to the physician. If a request has not been made, the RN will notify the DON for follow up with the RN who failed to notify the physician. A request to the physician for the appropriate diagnosis or discontinuance of the anti-psychotic med will be made to the physician on his next working day. |
| F 514 | SS=S 483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE | F 514 | | |

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete, accurately documented, readily accessible, and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. |
F 514

Continued From page 9

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure medical records were accurate for 1 of 14 (Resident #125) sampled residents reviewed of the 14 residents in the Stage 2 review.

The findings included:

Medical record review for Resident #125 documented an admission date of 4/18/12 with diagnoses of Pressure Ulcer Stage I, Salmonella Diarrhea Illness, Popliteal Artery Thrombosis, Coronary Artery Disease, Diabetes Mellitus Type II and Hypertension. Review of the skilled nursing unit admission assessment dated 4/18/12 documented the Stage I pressure ulcer on the left heel measured 1 centimeter by 1 centimeter. The pressure ulcer was actually on Resident #125's right heel.

During an interview in the Activity/Dining room on 4/25/12 at 11:50 AM, Nurse #1 was asked if Resident #125 had a pressure ulcer on the left heel. Nurse #1 stated, "I saw redness to the right heel. I was not aware there was a Stage I to the left heel. I feel like it [stage 1 pressure ulcer] has been the right heel the whole time."

During an interview in the Activity/Dining room on 4/25/12 at 11:55 AM, Nurse #2 was asked if the Stage I pressure ulcer was on the left heel. Nurse #2 stated, "I need to look at the admission note. I did the assessment. I know without a doubt it [pressure ulcer] was the right heel and not the left. Guess I don't know my right from left. That was an error." The pressure ulcer was actually on
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<td>F 514</td>
<td>Continued From page 10 Resident #125's right heel.</td>
<td>F 514</td>
<td>What measures will be put in place or what systematic changes will you make to ensure that deficient practice does not recur? Any patient who has a stage I heel ulcer will receive treatment to both heels, not only to treat the affected heel, but for pressure ulcer prevention treatment of the unaffected heel. How will the corrective action be monitored to ensure that the deficient practice does not recur? The treatment nurse will evaluate during weekly skin assessments to ensure that patients who have a stage I pressure ulcer of either heel have treatment to both heels. When a patient does not have treatment to both heels, the treatment nurse will obtain the corrected order to treat both heels and will notify the DON for follow up with the RN who did not order treatment to both heels.</td>
<td>5/21/12</td>
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*RECEIVED:

[Signature]

[Date: 07/09/2012]*