STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(41) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 445109

(42) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(43) DATE SURVEY COMPLETED 03/31/2010

NAME OF PROVIDER OR SUPPLIER
NHC HEALTHCARE, COLUMBIA

STREET ADDRESS, CITY, STATE, ZIP CODE
101 WALNUT LANE
COLUMBIA, TN 38401

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

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<tr>
<td>F 176 SS=D</td>
<td>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</td>
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An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.

This REQUIREMENT is not met as evidenced by:
Based on policy review, medical record review, observation and interview, it was determined the facility failed to assess 2 of 17 (Resident #9 and #10) sampled residents observed for the self administration of medications.

The findings included:

1. Review of the facility's "Guidelines for Self Administration and Securing Medications" policy documented, "...The center must verify, in writing that the patient is mentally and physically capable of self administration and that he has informed the patient about potential side effects and inappropriate use. Utilizing information generated by the direct care staff, the center must reassess and justify the continued need for self-administration at periodic intervals not to exceed ninety (90) days..."

2. Medical record review for Resident #9 documented an admission date of 3/19/10, with diagnoses of Congestive Heart Failure, Dysuria, Anemia, Cardiomegaly, Atrial Flutter, Diabetes. Anxiety, Peptic Ulcer Disease and Chronic Obstructive Pulmonary Disease. Review of Resident #9’s physician’s orders signed 3/19/10 documented, "Artificial tears OU [both eyes] BID [two times a day]." There was no documentation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVES SIGNATURE

ACCEPTED DEC 4/19/10

Administrer 4/14/10

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.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**F 176** Continued From page 1 that Resident #9 had been assessed to self administer medications nor was there a physician's order allowing Resident #9 to self administer her eye drops.

Observations in Resident #9's room on 3/29/10 at 9:20 AM, Licensed Practical Nurse (LPN) #1 placed the bottle of Artificial tears into Resident #9's hand and Resident #9 self administered one drop of the Artificial tears into each eye.

During an interview in Resident #9's room on 3/29/10 at 9:20 AM, LPN #1 stated, "She [Resident #9] likes to do this [administer her eye drops] herself."

3. Medical record review for Resident #10 documented an admission date of 8/19/04, with diagnoses of Morbid Obesity, Chronic Obstructive Pulmonary Disease, Cardiomegaly, Congestive Heart Failure and Diabetes. Review of Resident #10's physician's orders signed 3/11/10 documented, "...Advair 250/50 one puff BID... Albuterol 90 mg. [milligram] inhaler 4 puffs..."

Observations in Resident #10's room on 3/29/10 at 9:55 AM, LPN #1 placed the Advair diskus into Resident #10's hand and the resident self administered one inhalation of the Advair. LPN #1 took the Advair diskus from Resident #10 and placed the Albuterol into Resident #10's hand. Resident #10 self administered 4 puffs of the Albuterol Inhaler.

During an interview outside of Resident #10's room, on 3/29/10 at 9:55 AM, LPN #1 stated, "She [Resident #10] has been told about the inhalers but she insists on doing it herself and her way. The surveyor asked about an assessment..."
Continued from page 2

for Resident #10 to self-administer her medications. LPN #1 stated, "I don't know but I know we have talked to her."

During an interview in the conference room, on 3/31/10 at 9:20 AM, the Assistant Director of Nursing (ADON) stated, "I didn't know it [self administration assessment and orders needed to be done] but I know it now..."

During an interview in the conference room, on 3/31/10 at 11:27 AM, the ADON stated, "I went back through the charts [charts of Residents #9 and #10] and I could not find a thing about self administration.

F 315 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER:

Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:

Based on policy review, medical record review, observations and interview, it was determined the facility failed to ensure the proper placement of catheter drainage bag was maintained at all times for 1 of 4 (Resident #11) sampled residents with Foley catheters.

F 315

Folly bag on patient #11 will be placed in privacy bag and hung above floor level.

DON will conduct room rounds daily to observe for folly bags on floor Q daily x 7 and then Q weekly x 4.

In-service all partners on policy for drainage bags.

DON will monitor all patients with folly drainage bags Q day x 7 and then Q week x 4 or until substantial compliance is achieved.
Review of the facility's "Catheter Drainage System, Closed" policy documented, never allow the catheter drainage bag to touch the floor.

Medical record review for Resident #11 documented an admission date of 12/20/07 with diagnoses of Neurogenic Bladder, Diabetes with Neurological Manifestation, Neuropathy, Chronic Kidney Disease and Dementia.

Observations in Resident #11's room on 3/29/10 at 6:55 AM and 10:15 AM, revealed Resident #11's catheter drainage bag was touching the floor.

During an interview in Resident #11's room on 3/29/10 at 10:15 AM, Certified Nursing Assistant #1 stated, "This bag [catheter drainage bag] should be in a black bag. I don't know why it's not. It [catheter drainage bag] should not be on the floor."

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.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to obtain laboratory (lab) test to meet the needs of 1 of 20 (Resident #7) sampled residents.
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<td>F 502</td>
<td>Continued From page 4</td>
<td></td>
<td>Medical record review for Resident #7 documented an admission date of 9/20/09 with diagnoses of Malnutrition, Chronic Weight Loss, Failure to Thrive and Personality Disorder. Review of Resident #7's current Physician's orders dated February 2010 documented an original order dated 9/21/09 for a Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) be obtained each month. The current physician's orders (dated 2/10) included an original order dated 4/20/07 for a serum iron level to be obtained every 3 months. There was no documentation that a CBC and CMP had been obtained for the months of 2/09 and 10/09. There was no documentation that an iron level had been obtained for 3/09. During an interview in the conference room on 3/30/10 at 9:55 AM, the Assistant Director of Nursing (ADON) confirmed there were no lab results for a CBC and CMP for the months 2/09 and 10/09. The ADON stated they must have missed drawing the lab for those 2 months. The ADON also confirmed there were no lab results for an iron level for 3/09.</td>
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