F 000: INITIAL COMMENTS

During annual recertification survey and complaint survey #30695, #31423, & #32011 conducted on October 14-16, 2013, at Brookewood Nursing Center, no deficiencies were cited in relation to complaints under 42 CFR PART 483, Requirements for Long Term Care.

F 281: SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, the facility failed to develop an interim care plan for a psychoactive medication for one (#78) of thirty-five sampled residents.

The findings included:

Resident #78 was admitted to the facility on October 10, 2013, with diagnoses including Syncopep Episodes, Diabetes, Seizures, History of Alcohol Use, Dementia, Anxiety, and Depression.

Medical record review revealed a physician's order dated October 10, 2013, for Seroquel (antipsychotic) 12.5 mg.(milligram) twice daily.

Medical record review of the Interim Care Plan dated October 10, 2013, revealed psychoactive medication not addressed on the care plan.

Interview with the Minimum Data Set/Care Plan
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENETRS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER

BROOKEWOOD NURSING CENTER, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
332 RIVER ROAD
DURACUT, TN 37322

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F 281
PREFIX
Continued From page 1
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Coordinator (MDS) in the MDS office on October 15, 2013, at 2:00 p.m., confirmed the care plan did not address the psychoactive medication.

F 282
SS=D
483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation, review of facility policy, and interview, the facility failed to ensure routine hydration for one resident (#32) of thirty-five residents reviewed.

The findings included:

Resident #32 was admitted to the facility on June 6, 2007, with diagnoses including Dementia, Hypertension, Psychosis, Anxiety, and Congestive Heart Failure.

Observation of resident #32 on October 15, 2013, at 1:00 p.m., in the resident's room, revealed the resident lying flat in the bed with the bed in the low position. Further observation revealed the water pitcher on the raised bedside table was pushed against the wall and not within reach of the resident.

Review of the resident's care plan revised on August 1, 2013, revealed "...at risk for dehydration and weight loss due to diuretic therapy...with goals including...encourage

F 281
assessment and interdisciplinary care plan completed. No other residents were affected.

To ensure compliance with providing services that meet professional standards of quality, the Director of Nursing will provide in-service training to the licensed nursing staff regarding inclusion of psychoactive medications on the interim plan of care. The in-service will be done on November 08, 2013.

Beginning October 25, 2013, the Director of Nursing will review interim care plans for all newly admitted residents to ensure compliance with the inclusion of psychoactive medications for three months, and report finding to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietitian Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant) monthly for further review or corrective action if indicated. Date of completion November 11, 2013.

F 282
SERVICES BY QUALIFIED PERSONS/PER CARE PLAN

It is the policy of this facility to provide services by qualified staff in accordance with each resident's written plan of care.
F 282 Continued From page 2
frequent liquids keeping fresh water in reach of resident...

Review of the facility policy and procedure
Hydration, effective September 2012, revealed
"...ensure that each resident has fresh water
within reach...and follow each resident’s plan of
care for providing fluids..."

Interview of Certified Nursing Assistant (CNA) #4,
on October 16, 2013, at 1:05 p.m., in the
resident’s room, confirmed the water pitcher was
not within reach of the resident. Further interview
with the CNA revealed "...I did that or (he/she)
would try to drink and spill water all over (his/her)
face..."

Interview with Licensed Practical Nurse (LPN) #4,
on October 16, 2013, at 1:15 p.m., in the
resident’s room, confirmed the water pitcher was
out of reach for the resident.

F 309 PROVIDE CARE/SERVICES FOR
HIGHEST WELL BEING

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 medical record review, observation,
interview, and review of facility policy, the facility
failed to coordinate care for a hospice resident

Director of Nursing had an educational training
session with certified nursing assistant #4 on
hydration with emphasis on placement of water
pitchers within resident reach on October 28,
2013.

All residents could potentially be affected by the
cited deficiency; the Director of Nursing initiated
a room audit on October 21, 2013 for proper
placement of water pitchers. An In-service
training was held on October 23, 2013 by the
Administrator for full staff and in-services
notebook for employees who were unable to
attend the in-service meeting.

To ensure compliance with the hydration policy,
the Assistant Director of Nursing will randomly
check weekly for 3 months for water pitcher
placement, and assign charge nurses to
randomly audit on night shift and weekend
shifts, for adherence to the hydration policy.
Any deficiencies will be corrected immediately.

The result of the weekly audits will be reported
to the Quality Assurance Committee
(Administrator, Director of Nursing, Assistant
Director of Nursing, Medical Director, Business
Office Manager, Dietary Manager, Social Service
Director, Medical Records, Housekeeping and
Laundry Supervisor, Therapy Manager, MDS
Coordinator Activities Director and Pharmacy
Consultant), monthly for 3 months for further
review or corrective action if indicated. Date of
completion November 01, 2013.
F 309 Continued From page 3

(#51) and failed to follow a physician’s order for a nutritional supplement for one (#32) of thirty-five residents reviewed.

The findings included:

Resident #51 was admitted to the facility on April 30, 2012, with diagnoses including Bipolar Affective Disorder, Congestive Heart Failure, Diabetes Mellitus, Alzheimer’s Disease, Chronic Obstructive Pulmonary Disease, and Parkinson’s Disease.

Observation on October 15, 2013, from 8:10 a.m. to 9:25 a.m., in the resident’s room, and from the nursing station directly across the hallway from the resident’s room, revealed the resident with Parkinsonian symptoms (involuntary rhythmic movements of the torso, head, and extremities, tongue thrusting, grunting, and involuntary tremors of the extremities associated with advanced Parkinson’s Disease). Continued observation revealed the resident was agitated and calling out to the spouse and staff members for assistance repetitively.

Interview with the resident’s spouse on October 15, 2013, at 9:36 a.m., in the resident’s room, revealed the resident was terminally ill due to Parkinson’s disease and received hospice services in the facility. Further interview revealed agitation and severe anxiety were an ongoing problem for the resident. Continued interview revealed the behaviors observed occurred during each spousal visit, and usually lasted several hours after the visits ended. Further interview revealed the resident’s anxiety had become more prominent “over the past several weeks”. Continued interview revealed the spouse visited

F 309

PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

It is the policy of this facility to provide each resident with 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.

The hospice provider for resident #51 was contacted on October 15, 2013 and notified of increased anxiety and restlessness. Resident #51 received antianxiety and pain medication without relief of symptoms. The hospice nurse was called to the facility to assess the resident. A new order was received for symptoms of anxiety. The resident continued to receive prn pain medication and hospice was called again regarding anxiety and restlessness. The Medical Director was also called and an additional order was received from the Medical Director. The resident received additional medication that relieved her symptoms. The hospice provider for resident #51 was contacted by the Director of Nursing, who requested that visit notes for all visits after August 23, 2013 and the hospice care plan be brought to the facility. Upon review by the Director of Nursing, the visit notes were provided for the medical record, but the hospice plan of care was not. Hospice services with resident #51’s hospice provider have been terminated and hospice services are being
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| F 309 | Continued From page 4
the resident in the facility at least twice weekly for several hours. Continued interview revealed the spouse was unaware of any non-pharmacologic interventions the hospice provider had ordered to reduce the resident's anxiety levels.

Observation on October 15, 2013, from 2:45 to 3:45 p.m., in the resident's room, and from the nursing station directly across the hallway from the resident's room, revealed no reduction in the Parkinsonian symptoms or agitation for the resident.

Medical record review revealed the facility did not have a copy of the hospice care plan on file in the chart. Continued medical record review revealed no hospice documentation present in the medical record after August 23, 2013.

Review of the facility policy, Hospice Program (revised December 2011) revealed, "...when a resident participates in the hospice program, a coordinated plan of care between the facility, hospice agency, and resident/family will be developed and shall include directives for managing...other uncomfortable symptoms...care plan shall be revised and updated as necessary to reflect the resident's current status..."

Interview with Licensed Practical Nurse (LPN) #4 on October 15, 2013, at 3:50 p.m., at the nursing station, confirmed the resident received hospice services in the facility. Continued interview confirmed the resident had received a hospice visit earlier, around 10:55 a.m., which included medication adjustments. When questioned as to what specific non-pharmacologic interventions hospice had ordered in addition to medications, to reduce the resident's anxiety and agitation, LPN

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provided by an alternative provider selected by resident #51 family.

All hospice residents could potential to be affected, the Director of Nursing and the Assistant Director of Nursing reviewed the medical records for all residents receiving hospice services to ensure compliance with the regulations.

To ensure compliance with hospice services provided to residents in the facility, the Director of Nursing will review hospice medical records monthly for three months and review medical records for any new hospice admissions to ensure coordination of facility and hospice plan of care. The Director of Nursing will monitor compliance with the facility MDS coordinator.

The Director of Nursing will report findings of the review process to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), monthly for 3 months for further review or corrective action if indicated.

Resident #32 refused to drink her boost supplement and a sandwich had been substituted by the restorative aide. The Medical Director was informed of the substitution and a clarification order was written for the

FORM CMS-2567(02-09) Previous Versions Obsolete Event ID: 198X11 Facility ID: TN6101
**F 309 Continued From page 5**

#4 replied, "I am not sure".

Interview with the Director of Nursing (DON) on October 15, 2013, at 4:05 p.m., in the nursing station, confirmed the facility failed to maintain copies of the hospice care plan and documentation of hospice care visits on the medical record, and failed to coordinate the facility's care plan with the hospice provider care plan.

Resident #32 was admitted to the facility on June 6, 2007, with diagnoses including Dementia, Psychosis, and Anxiety.

Medical record review revealed the resident weighed 101 lbs. (pounds) on May 1, 2013, and on August 1, 2013, the resident weighed 96 lbs.

Medical record review revealed a physician's order dated August 1, 2013, for Boost (dietary supplement with high calories and protein) three times daily for weight loss.

Medical record review revealed no documentation the resident received the supplement.

Interview with the Restorative Dining Aide, in the hallway, on October 16, 2013, at 12:30 p.m., confirmed the resident did not receive Boost because the resident did not like it and would not drink it.

Interview with the physician, in the Director of Nursing's office, on October 16, 2013, at 12:35 p.m., confirmed the physician was unaware the resident had not been receiving the supplement. Continued interview confirmed if the physician had known the resident would not drink the
F 309 Continued From page 6 supplement, something else would have been ordered.

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

This REQUIREMENT is not met as evidenced by:
Based on observation, facility policy review, and interview, the facility failed to ensure food was labeled and failed to ensure employee beverages were not stored in the cooler utilized for residents' food in the Dietary Department.

The findings included:
Observation on October 14, 2013, at 9:45 a.m., with the dietary manager, in the dietary department, revealed the following:
1. one tray of twelve prepared ham sandwiches on a hoagie bun stored in the cooler and not dated;
2. two trays of forty prepared ham sandwiches on sliced bread stored in the cooler and not dated; and
3. two plastic two liter bottles of cola one-quarter full opened and not dated stored in the cooler.

F 371 FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY

A complete audit of the Dietary Department was made by the Dietary Manager on October 16, 2013, to ensure that everything has a proper label and dated.

In-service of the dietary staff, completed by the Dietary Manger and the Register Dietitian regarding the policy and procedure for proper labeling and dating on October 31, 2013. The Dietary Manager will conduct a daily audit on labeling and dating of open food for the next two weeks and continue the audit for three times a week for one week, followed by twice a week for one week. The audit will continue weekly for two months.

The results of the audit will determine if any further education or monitoring is needed. The Dietary Manager is to monitor the results of the audit for the next three months.

The results of the audit will be reported by the Dietary Manager to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MIS Coordinator Activities Director and Pharmacy Consultant), monthly for three months for further review or corrective action if
F 371 Continued From page 7

Review of facility policy, Food and Supply Storage Procedures, not dated, revealed "...cover, label, date..."

Interview with the dietary manager on October 14, 2013, at 9:46 a.m., in the dietary department, confirmed the ham sandwiches were to be dated and the two liter bottles of cola were employee beverages and not to be stored in the residents' food cooler.

F 371 Indicated. Date of completion November 01, 2013.