<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 309</td>
<td>SS=D</td>
<td>Provide care/services for Highest Well Being</td>
<td>F 309</td>
<td></td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
<td>03-32-10</td>
</tr>
</tbody>
</table>

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 and interviews, it was determined the facility failed to ensure physician's orders included dialysis treatment for 1 of 21 (Resident #10) sampled residents.

The findings included:

- Medical record review for Resident #10 documented an admission date of 5/10/10 with diagnoses of Malignant Neoplastic Kidney, Chronic Kidney Disease, Renal Dialysis, Congestive Heart Failure, Hypertension and Arteriosclerotic Vascular Disease. Review of the physician's orders dated 7/1/10 did not include an order for dialysis treatment. Review of the Nurses Notes dated 8/24/10 at 1:00 PM documented, "... [Resident #10] Left facility via stretcher c [with] transportation to dialysis..."

- During an interview in Resident #10's room on 8/31/10 at 11:15 AM, Resident #10 stated, "I usually go to dialysis on Tuesdays, Thursdays and Saturdays at 1 PM. I usually get back about 6 PM."

- During an interview in the conference room on

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 patient. (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 required to complete program participation.
| F 309 | Continued from page 1
|       | 9/1/10 at 9:30 AM, the Interim Director of Nursing confirmed that there should be an order for dialysis treatment.
| F 312 | 483.25(a)(3) ADL Care provided for Dependent Residents
|       | A resident who is unable to carry out activities of daily living receives the necessary services to maintain food nutrition, grooming, and personal and oral hygiene.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interviews, it was determined the facility failed to ensure staff assisted residents with activities of daily living (ADL) by not providing bed baths for 1 of 18 (Resident #3) sampled residents observed.

The findings included:

Medical Record review for Resident #3 documented an admission date of 5/5/08 with diagnoses of Hypothyroidism, Hypertension, Arthritis, Hip Fracture, Osteoporosis, Alzheimer’s Disease, Depression and Dementia with Behaviors. Review of the quarterly Minimum Data Set (MDS) assessments dated 4/14/10 and 7/14/10 in Section G.2 (ADL-Self Performance Bathing) documented Resident #3 required “Total Dependence” with “...full-body bath/shower...” Review of the "Flow Sheet Record" for May 2010 revealed blank spaces for showers/bed baths for 5/16/10, 5/17/10 and 5/18/10.

During an interview in the conference room on 9/1/10 at 9:37 AM, Certified Nursing Assistant...
F 312  Continued From page 2
(CNA) #6 stated, "...Every resident gets a total bed bath on days they don't get a shower..."

During an interview in the conference room on 9/11/10 at 1:15 PM, CNA #6 stated, "...We are supposed to give a bed bath if not the shower day. Her [Resident #3] shower is on Wednesday and Saturday. Looking here at this [Flow Sheet Record for 5/17/10 and 5/18/10] I don't see it [bed bath], but she [Resident #3] supposed to get a bed bath. I didn't put bed bath on there. It is an error on my part."

F 314  483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

This REQUIREMENT is not met as evidenced by:
Based on review of the National Pressure Ulcer Advisory Panel (NPUAP) Clinical Practice Guidelines, review of the "Practice Recommendations for Preventing Heel Pressure Ulcers", review of the facility's "Best Practice Guidelines for Ulcer Care", medical record review, observation and interviews, it was determined the facility failed to prevent and identify the development of pressure ulcers for 1 of 7 (Resident #3) sampled residents with pressure ulcers. The failure to identify and
F 314  Continued From page 3
prevent skin breakdown prior to the development of a Stage 3 pressure ulcer resulted in actual
harm to Resident #3.

The findings included:

Review of the NPUAP Pressure Ulcer Prevention
and Treatment Clinical Practice Guidelines
documented, "...3.1. Ensure that the heels are
free of the surface of the bed... heels should be
free of all pressure - a state sometimes called
"floating heels"...3.2. Heel-protection devices
should elevate the heel completely (offload them)
in such a way as to distribute the weight off the
leg along the call without putting pressure on the
Achilles tendon. The knee should be in a slight
flexion... 3.3. Use a pillow under the calves so
that heels are elevated (..."floating")... 3.4. Inspect
the skin of the heels regularly..."

Review of the "Practice Recommendations for
Preventing Heel Pressure Ulcers" by Ostomy
Wound Management Volume: 54 documented,
"The general consensus is that total heel
offloading is the only effective method for heel
ulcer prevention... Padding devices such as
sheepskin and bunny boots protect the heel but
do not remove all pressure. These padding
devices remove friction and shear but do not
remove pressure.

Review of the facility's "Best Practice Guidelines
for Ulcer Care" documented, "...daily skin
inspection and weekly skin assessments..."

Medical record review for Resident #3
documented an admission date of 5/5/06 with
diagnoses of Hypothyroidism, Hypertension,
Arthritis, Osteoporosis, Hip Fracture, Alzheimer's
Disease, Depression and Dementia with Behaviors. Review of the comprehensive care plan report dated 1/27/10 documented, "...Skin/Tissue Integrity Impaired: Potential...Report any red or open areas...skin checks per facility policy..." Review of the "Resident Weekly Skin Check Sheet" dated 3/20/10 and 4/10/10 documented, "...heels soft and tender to touch...heel protectors in place..." Review of the "Resident Weekly Skin Check Sheet" dated 4/10/10 and 4/17/10 documented, "...heels continue to be tender to touch heel protectors in place..." Review of the "Resident Weekly Skin Check Sheet" dated 5/8/10 documented, "...heel, red and tender to touch heel protectors in place..." Review of the "Resident Weekly Skin Check Sheet" dated 6/15/10 documented, "...heel soft, and tender to touch...heel protectors in place..." The facility did not always complete weekly skin assessments in accordance with their "Best Practice Guidelines for: Ulcer Care".

Review of the comprehensive care plan report dated 1/27/10 documented, "...Heel protectors while in bed..." The care plan addressed heel protectors but did not address pressure relieving to keep the heels off of the mattress. The heel protectors remove friction and shear but do not remove pressure. The facility failed to have devices in place to relieve the heel pressure which resulted in Resident #3 developing a stage III pressure sore. The failure to put pressure relieving devices in place resulted in actual harm when Resident #3 developed a stage III pressure sore.

Review of Resident #3's "Resident Progress Notes" dated 6/18/10 at 4:00 PM documented, "Resident noted to have stage III to (L) \[left\] heel.

Braden Score. On 09-07-10 Case Manager, Wound Care Treatment Nurse, and Interim Director of Nursing, completed comprehensive care plan review for each of these residents identified to ensure pressure ulcer prevention met the National Pressure Ulcer Prevention and Treatment Clinical Practice Guidelines. Center also reviewed the Practice Recommendations for Preventing Heel Pressure Ulcers by Ostomy Wound Management Volume: 54.

The Certified Nurse Assistant are to inspect residents skin integrity daily during bed bath/shower and report any identified concerns to a licensed nurse for further evaluation and treatment as appropriate. Licensed Treatment nurse/designee (Unit Manager, Registered Nurse Supervisor) will conduct random skin assessments to ensure validation/observation of appropriate preventative measures are in place as
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F314</td>
<td>c</td>
<td>Continued From page 5</td>
<td>F314</td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>outlined in resident plan of care. Daily skin assessments will be conducted randomly on ten residents identified with Moderate-High Risk Braden score for 14 days. Then weekly skin assessments will be conducted randomly on five residents identified with Moderate-High Risk Braden score for 30 days. All residents will continue to receive weekly skin assessments conducted by licensed nurse per facility's Best Practice Guidelines for Ulcer Prevention and Policy and Procedure. The Staff Development Coordinator, Unit Managers and Registered Nurse supervisor to complete in-services by 09-19-10. All licensed nursing and Certified Nursing Assistant staff to be in-serviced regarding; Preventative Skin Care, Certified Nurse Assistant skin inspection responsibilities/documentation and reporting guidelines, Preventative ulcer interventions, Procedure for applying preventative devices,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Continued From page 6

slough... that's the protocol... I cleaned it aggressively daily and applied Santyl [debriding agent]... within a few days it looked much better... her [Resident #3] heels are always soft, not firm... almost always red... CNA's should put pillows under calves and flat heels... Floating of heels on pillows should be on the care plan. She is care planned for heel protectors. That's all..."

During a telephone interview in the conference room on 8/31/10 at 8:00 PM, Resident #3's Primary Physician stated, "...I came and saw the resident that evening... small amount of slough was in the wound... the treatment nurse said she had to stage the wound a 3 because of the guidelines...

The failure to identify and prevent skin breakdown prior to the development of a Stage 3 pressure ulcer resulted in actual harm to Resident #3.

The facility must ensure that residents receive proper treatment and care for the following special services:

- Injections;
- Parenteral and enteral fluids;
- Colostomy, ureterostomy, or ileostomy care;
- Tracheostomy care;
- Tracheal suctioning;
- Respiratory care;
- Foot care; and
- Prostheses.

This REQUIREMENT is not met as evidenced by:

Based on policy review, medical record review,
F 328 Continued From page 7 observations and interviews, it was determined the facility failed to ensure that oxygen (O2) was administered as prescribed by the physician for 2 of 3 (Residents #10 and 15) sampled residents receiving oxygen.

The findings included:

1. Review of the facility's oxygen administration policy documented, "...14. Turn the oxygen on and adjust the flow meter to the prescribed flow rate (1-[to] 6 liters/ [per] min [minute])..."

2. Medical record review for Resident #10 documented an admission date of 5/10/10 with diagnoses of Malignant Neoplastic Kidney, Chronic Kidney Disease, Renal Dialysis, Congestive Heart Failure, Hypertension and Arteriosclerotic Vascular Disease. Review of a physician's telephone order dated 7/17/10 documented, "O2 @ [at] 2 L [liters]/min PRN [as needed] SOB [shortness of breath]."

Observations in Resident #10's room on 8/30/10 at 11:30 AM, 12:55 PM and 2:55 PM and on 8/31/10 at 7:30 AM, 8:35 AM and 11:16 AM, revealed Resident #10 receiving O2 at 3.5 liters per binaleral cannula.

During an interview in the conference room on 9/1/10 at 9:30 AM, the Interim Director of Nursing (IDON) confirmed that the charge nurse was responsible for making sure that the O2 was set at the physician's prescribed rate.

3. Medical record review for Resident #15 documented an admission date of 8/18/10 with diagnoses of Pneumonia, Empyema and Bipolar. Review of a physician's order dated 8/20/10
<table>
<thead>
<tr>
<th>ID</th>
<th>DATE SURVEY COMPLETED</th>
<th>X1</th>
<th>X2</th>
<th>X3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/01/2010</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

PRIMACY HEALTHCARE AND REHAB

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

6026 PRIMARY PARKWAY
MEMPHIS, TN 38119

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEGAL 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>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 328</td>
<td>Continued From page 8 documented, &quot;...O2 @ 2 LM [liters per minute] BNC [binesal cannula] PRN SOB...&quot;</td>
<td>F 328</td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observations in Resident #15's room on 9/1/10 at 7:35 AM, revealed Resident #16 receiving O2 at 3 LM.</td>
<td></td>
<td>Preparation and/or execution of this plan of correction must be undertaken or agreed to by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview in Resident #15's room on 9/1/10 at 8:00 AM, Nurse #2 stated, &quot;It's [Resident #16's O2] on three. I know it should be on two; I'll fix it right now.&quot;</td>
<td></td>
<td>These findings will be reviewed monthly at Performance Improvement Committee times 3 months then as needed for review and recommendations if indicated.</td>
<td></td>
</tr>
<tr>
<td>F 441</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</td>
<td>F 441</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(a) Infection Control Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The facility must establish an Infection Control Program under which it -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Investigates, controls, and prevents infections in the facility;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Maintains a record of incidents and corrective actions related to infections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Preventing Spread of Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F 441 Continued From page 9
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observations and interviews, it was determined the facility failed to ensure practices to prevent the potential spread of infection was maintained when 5 of 7 Certified Nursing Assistants (CNAs #1, 2, 3, 4 and 5) served food with their bare hands during dining observations.

The findings included:
1. Observations in Random Resident (RR) #1's room on 8/30/10 at 12:20 PM, revealed CNA #1 placed the lunch tray on the overbed table, removed a slice of bread from the wrapper with her bare hands and placed the bread on RR #1's plate.

During an interview in the conference room on 9/1/10 at 10:30 AM, the Interim Director of Nursing (IDON) was asked how would you expect a staff member serving food to handle sliced bread from the wrapper. The IDON stated, "They [staff] have been told to hold the end of the wrapper and slide the bread out. They are not to touch the bread with their hands."
<table>
<thead>
<tr>
<th>ID</th>
<th>STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 441</td>
<td>Continued From page 10</td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
</tr>
<tr>
<td></td>
<td>2. Observations in RR #2's room on 8/30/10 at 12:25 PM, revealed CNA #2 placed the lunch tray on the overbed table, held the sweet potato with her bare hand, and cut the potato open.</td>
<td>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</td>
</tr>
<tr>
<td></td>
<td>During an interview in the conference room on 9/1/10 at 10:30 AM, the IDON was asked how you would expect a staff member to open a baked potato to put butter on it. The IDON stated, &quot;They should put a knife on the potato to steady it and cut it open. They wouldn't touch it with their bare hands...&quot;</td>
<td>Committee monthly x 3 months then as needed for further review and recommendations.</td>
</tr>
<tr>
<td></td>
<td>3. Observations in Resident #17's room on 8/31/10 at 7:55 AM, revealed CNA #3 placed the breakfast tray on the overbed table, straightened Resident #17's blanket, raised the head of the bed, and positioned Resident #17 up higher in the bed. CNA #3 set up the breakfast tray and opened the biscuit with her bare hands to put jelly and butter on it.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Observations in RR #3's room on 8/31/10 at 8:05 AM, revealed CNA #4 placed the breakfast tray on the overbed table, held the biscuit with her bare hands to open it and put jelly on it. CNA #4 then peeled a banana, held the banana with her bare hands and then placed the banana on the plate.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Observations in RR #4's room on 8/31/10 at 8:15 AM, revealed CNA #5 placed the breakfast tray on the overbed table, peeled two boiled eggs with her bare hands and opened the biscuit with her bare hands and put jelly and butter on the biscuit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview in the conference room on 9/1/10 at 10:30 AM, the IDON was asked how...</td>
<td></td>
</tr>
<tr>
<td>F 441 Continued From page 11</td>
<td>F 441</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>would you expect staff to handle a biscuit to put butter and jelly on it. The IDON stated, &quot;If they can't steady it with a knife they should put on a glove to open the biscuit.&quot;</td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
<td></td>
</tr>
</tbody>
</table>

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."