**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>445241</td>
<td>A. BUILDING</td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
</tr>
</tbody>
</table>

| (X3) DATE SURVEY COMPLETED: | 01/23/2014 |

**NAME OF PROVIDER OR SUPPLIER**: SIGNATURE HEALTHCARE OF MEMPHIS

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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>(X5) COMPLETION DATE</th>
</tr>
</thead>
</table>
| F 253              | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES | F 253         | Survey 2014  
Signature Healthcare of Memphis does not believe, and does not admit that any deficiencies existed before, during, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings, or any administrative or legal proceeding. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and the facility reserves all rights to raise possible confections and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in the plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance, or self-critical examination privileges which the facility does not waive, and reserves the right to assert in any administrative, civil, or criminal claim, action or proceeding. Signature Healthcare of Memphis offers corrections as part of its ongoing efforts to provide quality care to its residents. |  |
| SS=E              |                                                                                                               |               |                                                                                                                                |                      |

This REQUIREMENT is not met as evidenced by:

Based on policy review, review of job description and interview, it was determined the facility failed to provide necessary housekeeping and maintenance services to maintain a sanitary, orderly and comfortable interior as evidenced by urine odors, dirt and grime on the floors, broken air conditioner vents, dirt on top of the air conditioners, dirt, dust and pieces of broken plastic in the air conditioner flow vents, cove base pulled loose from the wall and lack of caulking between the air conditioner vents and the wall in 13 of 89 (rooms 303, 307, 312, 313, 322, 324, 325, 404, 408, 409, 411, 414 and 416) rooms of the facility that residents reside in.

The findings included:

1. Review of the facility's 'Cleaning and Disinfecting Residents' Rooms' policy documented, "...Housekeeping surfaces (...floors... will be cleaned on a regular basis... and when the surfaces are visibly soiled..."

Review of the facility's "House Keeping Daily Assignment" policy documented, "...To be done Every daily... Sweep room... Mop room... Monday... All B/R [bathrooms] - deep clean which includes - sweep vents, clean corners, around commode, walls... Tuesday... Scrub floor corners & [and] edges... Wednesday... Dust A/C [air]..."

Any deficiency statement relating with an asterisk (*) indicates 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.
<table>
<thead>
<tr>
<th>F 253</th>
<th>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=E</td>
<td>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</td>
</tr>
<tr>
<td></td>
<td>This REQUIREMENT is not met as evidenced by:</td>
</tr>
<tr>
<td></td>
<td>Based on policy review, review of job description and interview, it was determined the facility failed to provide necessary housekeeping and maintenance services to maintain a sanitary, orderly and comfortable interior as evidenced by urine odors, dirt and grime on the floors, broken air conditioner vents, dirt on top of the air conditioners, dirt, dust and pieces of broken plastic in the air conditioner flow vents, cove base pulled loose from the wall and lack of caulking between the air conditioner vents and the wall in 13 of 89 (rooms 303, 307, 312, 313, 322, 324, 325, 404, 408, 409, 411, 414 and 416) rooms of the facility that residents reside in.</td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
</tr>
<tr>
<td></td>
<td>1. Review of the facility's &quot;Cleaning and Disinfecting Residents' Rooms&quot; policy documented, &quot;...Housekeeping surfaces (...floors... will be cleaned on a regular basis... and when the surfaces are visibly soiled...&quot;</td>
</tr>
<tr>
<td></td>
<td>Review of the facility's &quot;House Keeping Daily Assignment&quot; policy documented, &quot;...To be done Every daily... Sweep room... Mop room... Monday... All B/R [bathrooms] - deep clean which includes - sweep vents, clean corners, around commode, walls... Tuesday... Scrub floor corners &amp; [and] edges... Wednesday... Dust A/C [air</td>
</tr>
</tbody>
</table>

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.

LAbORATORY DIRECTOR'S OR PROVIDER/SupPLIER REPRESENTATIVE'S SIGNATURE: [Signature]

DATE: 1/24/2014

FORM CMS-2567(02-13) Previous Versions Obsolete
Event ID: NID0111  Facility ID: T77929
If continuation sheet Page 1 of 32
2. Review of the facility's plant operations staff job description documented, "...Assist the Plant Ops [operation] director in maintaining the building(s), equipment and utilities in good working order and ensure facility grounds are properly maintained... Work will be performed primarily indoors at a long-term healthcare facility, throughout all areas, including in resident rooms... Maintain the building in good repair and keep free of hazards such as those caused by electrical, plumbing, heating and cooling systems..."

3. Observations in room 303 on 1/21/14 at 11:31 AM, 12:10 PM and 2:50 PM and on 1/22/14 at 8:06 AM, revealed missing baseboard in the bathroom on the wall across from the commode, the ac unit in the room was dirty and the floor was dirty.

During an interview in the bathroom of room 303 on 1/23/14 at 10:10 AM, the Maintenance Staff was shown the missing baseboard in the bathroom. The maintenance staff stated, "Oh! yeah it needs to be replaced..."

4. Observations in room 307 on 1/21/14 at 9:40 AM, revealed the bathroom wall behind the commode was torn, the cove base was pulled loose from the wall and dirt and grime were on the floor beside the door facing into the room.

Observations in room 307 on 1/21/14 at 11:34 AM, revealed loose baseboard in the bathroom, peeling paint and black scuff marks on the bathroom door.
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F253</td>
<td>Continued From page 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview in the bathroom of room 307 on 1/23/14 at 10:12 AM, the maintenance staff was shown the loose baseboard in the bathroom. The maintenance staff stated, &quot;Yes, that needs to be repaired...&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Observations in room 312 on 1/21/14 at 11:35 AM, revealed the front cover of the ac unit was dirty with light brownish stains and scuff marks on the wall beside the bed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Observations in room 313 on 1/21/13 at 11:39 AM, revealed a crack in the frame of the air conditioner unit and the front cover of the air conditioner was dirty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Observations in room 322 on 1/21/14 at 12:20 PM and 2:50 PM and on 1/22/14 at 8:10 AM and 9:55 AM, revealed the door to the bathroom had peeling paint and multiple scratches and the vent on the top of the ac unit had broken pieces.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Observations in room 324 on 1/21/14 at 9:42 AM, revealed the inset ledge of the ac unit had dirt and grime and the ac flow vent was broken.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Observations in room 325 on 1/21/14 at 12:30 PM and 3:00 PM and on 1/22/14 at 8:10 AM, revealed the vent to the air conditioner was dirty, the floor was scuffed and dirty, the door to the room had peeling paint on the interior.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Observations in room 404 on 1/21/14 at 11:45 AM, revealed the room floor was dirty with loose dirt, the bathroom floor had loose dirt in the corners of the floor along the wall.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observations in room 404 on 1/23/14 at 11:10 AM, revealed dirt particles and small pieces of...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)</td>
<td>ID</td>
<td>PREFIX</td>
</tr>
<tr>
<td>----</td>
<td>--------</td>
<td>-----</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>----</td>
<td>--------</td>
</tr>
<tr>
<td>F 253</td>
<td>Continued From page 3</td>
<td></td>
<td>broken plastic in the floor under the air conditioner unit.</td>
<td>F 253</td>
<td></td>
</tr>
</tbody>
</table>

During an interview in room 404 on 1/23/14 at 11:10 AM, certified nursing assistant (CNA) #3 was asked if she considered the room to be clean. CNA #3 stated, "No it is not..."

11. Observations in room 408 on 1/21/14 at 2:45 PM, on 1/22/14 at 7:53 AM and 1:30 PM and on 1/23/14 at 10:00 AM, revealed the air conditioner vent was dirty and the space between the ac and the wall had an open space to the outside.

During an interview in room 408 on 1/23/14 at 10:00, the Maintenance staff was shown the ac unit. The Maintenance staff stated, "Yeah, that is broken and needs to be replaced [referring to the front of the ac unit] we need to put caulk on the outside to cover that [referring to the open space]..."

12. Observations in room 409 on 1/24/14 at 10:00 AM, the ac unit was dirty, the caulking was bunched up, the ac was pulled loose from the wall, the inset ledge under the unit had cold air coming in around the unit and the room floor was dirty.

13. Observations in room 411 on 1/21/14 at 10:00 AM, revealed the ac unit inset was dirty and the vents were dirty.

14. Observations in room 414 on 1/21/14 at 10:05 AM, revealed the ac unit was dirty.

15. Observations in room 416 on 1/21/14 at 10:10 AM and 12:08 PM, on 1/23/14 at 8:00 AM and at 1:30 PM, revealed the odor of urine.
F 253: Continued From page 4 permeating into the hallway.

Observations in room 416 on 1/22/14 at 7:50 AM, 10:50 AM and 1:00 PM, the room and the bathroom smelled of urine, there was a brown substance on the seat of the toilet chair over the commode.

During an interview in the 400 hall on 1/23/14 at 8:00 AM, CNA #1 was asked where the odor was coming from. CNA #1 stated, "I think it is coming... from out of her room [indicating room 416]... it is in her bathroom, it is urine..."

During an interview in room 416 on 1/23/14 at 8:05 AM, CNA #2 stated, "...her urine is strong. I just took her to the bathroom, it gets like that... housekeeping comes and cleans and it gets like that..."

F 262: 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, review of meal ticket, observation and interview, it was determined the facility failed to ensure care plan interventions were followed for restorative dining for 1 of 19 (Resident #129) sampled residents reviewed of the 37 residents included in the stage 2 review.

F 282: Services by Qualified Persons / Per Care Plan

F 282: Corrective Actions

On 1/21/14 MD was immediately notified of resident's # 129 coughing in DR during meal. Orders received per 5T from MD for pureed diet which was ordered and served to resident on 1/21/14. Care plan was immediately updated to reflect the pureed diet.

On 1/23/14 after discussion with surveyor, restorative nurse reviewed resident # 129's medical record and noted orders dated 12/22/13 for restorative services which had not been initiated. New orders were obtained from MD on 1/23/14 to begin restorative services. Care plan for resident #129 was immediately updated. Restorative nurse then immediately notified the surveyor of the new orders.
F282 Continued From page 5

The findings included:

Medical record review for Resident #129 documented an admission date of 11/02/2013 with diagnoses of Hemiplegia of Dominant Side, Major Depression, Hypercholesterolemia, Hypertension, Atrial Fibrillation, Aphasia and Chronic Kidney Disease. Review of the Minimum Data Set (MDS) dated 12/28/13 documented a Brief Interview for Mental Status (BIMS) score of 5 indicating the resident was moderately cognitive impairment. Review of a physician’s order dated 12/22/13 documented, “Restorative dining 3 x’s times/ [per] day, 7 days/week x 16 weeks...” Review of the care plan dated 11/7/13 and updated on 12/20/13 documented, “Rest [Restorative] dining 3 x day x 16 wks [weeks]...” Review of a physician’s order dated 12/22/13 documented, “...[change symbol] diet to mech [mechanical] soft chopped...”

Review of Resident #129’s meal ticket on 1/21/13 at 12:35 PM documented “...chopped meat...”

Observations in the dining room on 1/21/13 at 12:35 PM, revealed Resident #129 was seated at the table and begun coughing. Certified Nursing Assistant (CNA) #4 and the Central Supply Clerk immediately came to his aid. CNA #4 brought Resident #129 some additional thickened water. Observations of Resident #129’s plate revealed a whole piece of ham cut into pieces. CNA #4 went to check to see if he could get a puree tray. CNA #4 stated to the Medical Record Clerk, “...his nurse said chopped meat.” Resident #129 did not get chopped meat. Resident #129 was seated at the Restorative table but was not being assisted to eat.

F282 Identification of Other Residents With Potential to be Affected

Restorative nurse in collaboration with rehab team will do 100% audit of all medical records including care plans to identify other residents with potential to be affected. Audit to be completed by 2/19/14.

F282 Measures to ensure Deficient Practice does not recur

Inservice with all licensed nurses and rehab team on ensuring procedures are followed, so that all restorative orders are transcribed and forwarded to Restorative Nurse or designee (in her absence) and resident’s care plans can be updated immediately.

F282 Monitoring Corrective Actions

Restorative nurse will conduct weekly audits on residents on restorative caseload to monitor and ensure that the facility is following interventions for restorative services. Results of audits will be reported to Risk Management Committee weekly and QA Committee monthly.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LCB IDENTIFYING INFORMATION)** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)** | **DATE COMPLETION**
---|---|---|---|---
F 282 | Continued From page 6
During an interview in the dining room on 1/21/13 at 12:45 PM, the Speech Therapist (ST) was asked if Resident #129's meal ticket documented chopped meat. The ST stated, "Yes." The ST asked if Resident #129 was served chopped meat on his lunch plate. The ST stated, "No."

During an interview in the restorative office on 1/23/14 at 9:45 AM, the Restorative Nurse was asked if Resident #129 is on a restorative dining program. The Restorative Nurse stated, "...He is not on an actual restorative dining program... If he was on a program, there would be documentation in this binder about his progress... I would document weekly on the back of the pages like this [pointing to another resident's program form]."

During an interview in the restorative office on 1/23/14 at 2:30 PM, the Restorative Nurse was asked about the physician order for restorative dining, and the restorative dining program for Resident #129. The Restorative Nurse stated, "...I'm sorry, I don't know what to say about it... I do not remember seeing that order..."

F 311 | 483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADL'S
A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of a meal ticket, observations and interview, it was determined the facility failed to provide restorative

**F 311 Treatments / Services to Improve / Maintain ADL'S**

F 311 Corrective Actions
On 1/21/14 MD was immediately notified of resident # 129 coughing in DR during meal. Orders received per ST from MD for pureed diet which was immediately obtained and served to resident.

On 1/23/14 after discussion with surveyor, restorative nurse reviewed resident # 129's medical records and noted orders dated 12/22/13 for restorative services had not been initiated. New orders were obtained at that time from MD to begin restorative services. Restorative nurse then notified the surveyor of the new orders.
### F 311 Identification of Other Residents With Potential to be Affected

Restorative nurse in collaboration with rehab team will do 100% audit of all medical records to identify other residents with potential to be affected to be completed by 2/19/14.

### F311 Measures to ensure Deficient Practice does not recur

Inservice with all licensed nurses and rehab team on ensuring procedures are followed so that all restorative orders are transcribed and forwarded to Restorative Nurse or designee (in her absence)

### F311 Monitoring Corrective Actions

Restorative nurse will conduct weekly audits on residents on restorative caseload to monitor and ensure that the facility is following interventions for restorative services. Results of audits will be reported to Risk Management Committee weekly and QA Committee monthly.
Assistant (CNA) #4 and the Central Supply Clerk immediately came to his aid. CNA #4 brought Resident #129 some additional thickened water. Observations of Resident #129's plate revealed a whole piece of ham cut into pieces. CNA #4 went to check to see if he could get a puree tray. CNA #4 stated to the Medical Record Clerk, "...his nurse said chopped meat." Resident #129 did not get chopped meat. Resident #129 was seated at the Restorative table but was not being assisted to eat.

During an interview in the restorative office on 1/23/14 at 9:45 AM, the Restorative Nurse was asked if Resident #129 is on a restorative dining program. The Restorative Nurse stated, "...He is not on an actual restorative dining program... If he was on a program, there would be documentation in this binder about his progress... I would document weekly on the back of the pages like this [pointing to another resident's program form]."

During an interview in the restorative office on 1/23/14 at 2:30 PM, the Restorative Nurse was asked about the physician order for restorative dining, and the restorative dining program for Resident #129. The Restorative Nurse stated, "...I'm sorry, I don't know what to say about it... I do not remember seeing that order..."

F 323

483.25(h) 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.

The facility will ensure the environment is free of accident hazards as evidenced by securing chemicals, electrical outlets in good repair and toenail clippers secured.
This REQUIREMENT is not met as evidenced by:

Based on policy review, review of a job description, observation and interview, it was determined the facility failed to ensure the environment was free of accident hazards as evidenced by unsecured chemicals, electrical outlets in poor repair and toenail clippers in a resident’s lap on 3 of 4 (200 hall, 300 hall and 400 hall) halls.

The findings included:

1. Review of the “Hazardous Areas” policy documented, "...All chemicals/hazardous materials will be kept in locked areas when not in use...”

2. Review of the facility’s plant operations staff job description documented, "...Maintain the building in good repair and keep free of hazards such as those caused by electrical, plumbing, heating and cooling systems...”

3. Observations in the unlocked 200 hall soiled utility room on 1/21/14 at 9:45 AM, on 1/22/14 at 7:35 AM and on 1/23/14 at 8:30 PM, revealed (chemicals) oasis neutral disinfecting cleaner, morning breeze refresher and heavy duty bathroom cleaner and disinfectant stored on an open shelf.

During an interview outside the soiled utility room on 1/21/14 at 7:37 AM, the housekeeper was asked should the door to the soiled utility room be...
**F 323 Continued From page 10**

Locks. The housekeeper stated, "It's usually locked."

During an interview on the 200 hall on 1/22/14 at 7:40 AM, the Minimum Data Set Coordinator (MDS) was asked should the door to the soiled utility room be locked. The MDS Coordinator stated, "It's usually locked..."

4. Observations in room 307 (300 hall) on 1/23/14 at 10:05 AM, revealed the protective plate on the electrical outlet for the air conditioner unit was loose and not firmly attached.

During an interview in room 307 on 1/23/14 at 10:05 AM, the maintenance staff was shown the protective plate electrical outlet for the air conditioner. The maintenance staff stated, "Oh! Yeah, that needs to be fixed, the front plate is loose..."

5. Observations in room 311 (300 hall) on 1/12/14 at 11:30 AM and on 1/22/14 at 10:48 AM, revealed the protective plate on the electrical outlet for the air conditioner was pulled away from the electrical socket wall junction.

During an interview in room 311 on 1/23/14 at 10:00 AM, the maintenance staff was asked about the electrical outlet for the air conditioner. The maintenance staff stated, "I replaced that yesterday had to replace the box and the actual plate, it was not fitting right..."

6. Observations in room 408 (400 hall) on 1/23/14 at 10:00 AM, revealed Resident #77 seated in a power chair with a pair of toenail clippers in his lap.
Continued From page 11

During an interview in room 408 on 1/23/14 at 10:00 AM, certified nursing assistant (CNA) #3 was asked if it acceptable for a resident to have a pair of nail clippers. CNA #3 stated, "No, it is not... I would not give them to him... those are toenail clippers..."

483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS

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

- Injections;
- Parenteral and enteral fluids;
- Colostomy, urostomy, 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, observation and interview, it was determined the facility failed to ensure oxygen (O2) was administered at the rate prescribed by the physician for 2 of 4 Residents 132 and #732 sampled residents in the stage 2 review.

The findings included:

1. Review of the facility's oxygen administration policy documented, "...Check physician's order for liter flow and method of administration... Check the liter flow contents of oxygen cylinder, fluid level in humidifier and assess resident's

F 328 Treatment / Care for Special Needs

F 328 Corrective Action

Physician orders for oxygen therapy for resident #132 was immediately verified and oxygen set at prescribed rate per DON on 1/23/14. On 1/27/14 oxygen was decreased from 4 lpm to 2 lpm per FNP for resident #132. Oxygen orders for resident # 25 were discontinued on 1/24/14 per FNP.

F 328 Identification of Other Residents with Potential to be Affected

Audits performed immediately in facility to identify other residents receiving oxygen therapy to ensure delivery of oxygen at rate prescribed by physician. Audits performed by AIT and ADON'S
F 328 Continued From page 12

respirations to determine further need for oxygen therapy at regular intervals..."


Review of the medication administration records for October, November and December 2013, documented the oxygen satisfaction (sats) ranged from 94 to 99 percent (%).

Observations in Resident #25's room on 1/21/14, at 12:10 PM, 3:40 PM and 4:30 PM, on 1/22/14 at 7:55 AM and on 1/23/14 at 7:55 AM, revealed Resident #25 lying in bed receiving O2 nasal cannula (SNC) at 1.5 LPM.

During an interview in room 415 on 1/23/14 at 9:20 AM, Nurse #4 was asked to clarify the order for oxygen on Resident #25. Nurse #4 stated, "...If the order was written in September to decrease and try to discontinue the oxygen then by January you should see a new order with a rate of flow if unable to decrease the oxygen because of the resident's sats..."

3. Medical record review for Resident #132 documented an admission date of 10/6/12 with diagnoses of Chronic Angina Pectoris, Allergic Meningitis Status, History of Lungs, Anxiety, General
<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>
</tr>
</thead>
</table>
| F 328 | Continued From page 13  
Osteoarthritis, Deficiency Anemia and Depressive Disorder. Review of a physician's order dated 12/10/13 documented, "...O2 BNC at 4 LITERS HUMIDIFIER CONTINUOUSLY..."  
Review of the section O for special treatments and programs on the minimum data set (MDS) with an assessment reference data (ARD) of 11/21/13 was coded for the use of O2.  
Observations in Resident #132's room on 1/21/14 12:09 PM, 3:00 PM and 4:30 PM and on 1/22/14 at 7:36 AM, revealed Resident #132 lying in bed receiving O2 BNC at 2 LPM.  
Observations in Resident #132's room on 1/22/14 at 2:55 PM, 4:30 PM and 6:10 PM and on 1/23/14 at 7:02 AM and 10:39 AM, revealed Resident #132 receiving O2 BNC at 2 LPM.  
During an interview in Resident #132's room on 1/23/14 at 10:39 AM, the Director of Nursing (DON) was asked to check the flow rate of Resident #132's oxygen. The DON stated, "it's just under 2." The DON was then asked who's responsible for ensuring O2 is administered at the rate ordered. The DON stated, "The charge nurse should be checking it when they do their assessment of the resident, because O2 is part of medication therapy. They need to make sure it's at the rate ordered by the doctor..." |
| F 332 | SS=E | 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE  
The facility must ensure that it is free of medication error rates of five percent or greater. |
Continued From page 14

This REQUIREMENT is not met as evidenced by:

Based on review of the Med Pass common insulin provided by the American Consultant Pharmacists, review of the Geriatric medication handbook tenth edition, policy review, medical record review, observation and interview, it was determined that the facility failed to ensure 3 of 6 nurses administered medications with a medication error rate of less than 5 percent (%). A total of 4 errors were observed out of 29 opportunities, resulting in an error rate of 13.7931%.

The findings included:

1. Review of the Geriatric medication handbook tenth edition, documented, "...EYEDROP ADMINISTRATION... If additional drops of the same or different medication are required in the same eye, wait 3-10 minutes..."

Medical record review for Resident #121 documented an admission date of 8/1/11 and a re-admission date of 1/27/12 with diagnoses of Convulsions, Epilepsy, Late Effect Cardiovascular Disease with Cognitive Deficits, Hemiplegia, Dysphagia, Chronic Pain, Hypertension, Hyperlipidemia, Myoneural Disorders, Peripheral Vascular Disease, Urinary Tract Infection, Benign Prostatic Hypertrophy with Urinary Obstruction and Allergic Rhinitis. Review of the physician's orders dated 12/8/14 documented, "...NATURAL BALANCE TEARS DROPS (FOR NATURE'S TEARS DROPS) INSTILL TWO (2) DROPS INTO BOTH EYES THREE TIMES DAILY AT 8AM, 2PM, AND 8PM..."

Observations in Resident #121's room on 1/22/14

F 332 Corrective Actions

On 1/22/2014 surveyor observed nurse # 1 incorrectly administering eye drops to resident # 121. Nurse #1 was immediately in serviced on policy and procedure of administering eye drops on 1/23/14 as DON was notified per surveyor.

On 1/23/2014 resident # 90 was administered Spiriva 18 mcg 1 Inhalation. Physician Order was reviewed and order noted for Spiriva 18 mcg 2 Inhalations.

Immediately charge nurse was in serviced on following Physicians orders by DON. On 1/21/2014 resident #173 was administered Novolog 3 units SQ by nurse #2. Immediately nurse #2 was in serviced on insulin administration in relation to meals times by DON.

On 1/22/2014 Nurse #3 administered C-Aminodylidine 5 mg, 3 capsules instead of 1 capsule. Current physician orders reviewed on 1/22/14 had incorrect dosage of 1 capsule instead of 3 capsules. Physician notified immediately and order clarified for 3 capsules by ADON.
Continued from page 15

at 1:34 PM, Nurse #1 administered GeriCare artificial tears ophthalmic drops 2 consecutive drops in immediate succession in both eyes to Resident #121. The administration of 2 drops to Resident #121's eye without waiting at least 3 minutes between drops resulted in medication error #1.

During an interview outside the conference room on 1/23/14 at 4:00 PM, the Director of Nursing (DON) was asked what is her expectation during eyedrop administration. The DON stated, "...wait the full 5 minutes between each drop."

2. Medical record review for Resident #90 documented an admission date of 6/30/2013 and a readmission date of 10/18/2013 with diagnoses of Chronic Bronchitis, Left Heart Failure, Pneumonia, Alzheimer's Disease, Convulsions, Esophageal Reflux, and Bipolar Disorder. Review of the physician's orders dated 1/29/2014 documented "...Spiiva 18 mcg [micrograms] 1 cap 2 inhalations QD [every day]."

Observations in Resident #90's room on 1/23/14 at 8:10 AM, Nurse #1 administered Spriiva 18 mcg 1 inhalation to Resident #90. The failure to administer 2 inhalations of Spriiva resulted in medication error #2.

During an interview at the medication cart at the north nurse's station on 1/23/14 at 10:15 AM, Nurse #1 was when shown the physician's order and asked if she should have administered 2 inhalations of Spriiva to Resident #90. Nurse #1 stated, "Probably so."

3. Review of the Med-Pass common insulins, pharmacokinetics, compatibility and properties...
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>ID PREFIX TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 332</td>
<td>F 332</td>
</tr>
</tbody>
</table>

Continued from page 16

Provided by the American Society of Consultant Pharmacists for typical dosing administration related to meals documented, "...Novolog... Onset (in Hours, Unless Noted)... 15 min... Typical Administration/Comments... 5-10 minutes before meals..."

Review of facility's "...Insulin and delivery system portfolio" policy documented, "...Product... NovoLog... Timing of subcutaneous injection... Within 5-10 minutes before meal..."

Medical record review for Resident #173 documented an admission date of 10/17/13 with diagnoses of Diabetes Mellitus, Neurogenic Bladder, Hypertension, Convulsions, Asthma and Vitamin D Deficiency. Review of the physician's orders dated 1/21/2014 documented, "...Novolog flexpen give 3 units SQ [subcutaneous] c [with] each meal..."

Observations in Resident #173's room on 1/21/14 at 5:40 PM, Nurse #2 administered Novolog 3 units SQ to Resident #173. As of 8:07 PM, Resident #173 had not received his supper tray. The administration of the insulin more than 15 minutes before Resident #173 received his meal resulted in medication error #3.

During an interview outside the conference room on 1/23/14 at 4:00 PM, the DON was asked what is her expectation regarding Novolog administration in relation to meals. The DON stated, "...within 15 to 30 minutes..."

Medical record review for Resident #16 documented an admission date of 11/10/2011 with diagnoses of Urinary Tract Infection, Altered Mental Status, Hypertension, Convulsions.
F 332: Continued From page 17
Esophageal Reflux, Multiple Scars, Osteoarthritis and Insomnia. Review of the physician's orders dated 12/24/13 documentated, "...C-AMINODYRIDINE 5MG [milligrams] CAPSULE: 1 CAP [capsule] BY MOUTH 4 TIMES A DAY..."

Observations in Resident #16's room on 1/22/14 at 1:42 PM. Nurse #3 administered C-Aminodyridine 5mg, 3 capsules by mouth to Resident #16. The administration of 3 capsules instead of 1 capsule resulted in medication error #4.

F 333: 403.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS

The facility must ensure that residents are free of any significant medication errors.

This REQUIREMENT is not met as evidenced by:
Based on review of the Med-Pass common Insulins provided by the American Consultant Pharmacists, policy review, medical record review, observation and interview, it was determined the facility failed to ensure 1 of 6 (Nurse #2) nurses administered insulin free of a significant medication error for Resident #173.

The findings included:
Review of the Med-Pass common Insulins: pharmacokinetics, compatibility and properties provided by the American Society of Consultant Pharmacists for typical dosing administration related to meals documented, "...Novolog... ONSET (In Hours, Unless Noted)... 15 min..."

F 332: Corrective Actions
On 1/21/14 resident #173 was administered insulin more than 15 minutes before receiving his meal by nurse #2. ADON and Unit Manager immediately in serviced nurse #2 on ensuring insulin administered within no more than 5-10 minutes before a meal.

F 333 Identification of other Resident with Potential to be affected.
On or before 2/19/14 audit will be performed per DON / ADON of all residents receiving Novolog insulin to identify other residents that have the potential to be affected, and to ensure that insulin is administered within no more than 5-10 minutes before a meal.

F 333 Measure to ensure Deficient practice does not recur
DON, Staff Development Nurse or diabetic Educator will in-service licensed nursing staff by 2/19/14 on ensuring that licensed nursing staff administers Novolog within 5 to 10 minutes before meals and proper administration of all insulins. Pre and Post test to validate learning experience will be done with pass score of 80%. Competency skills check at orientation and at least annually by all licensed nurse to be completed by Staff Development nurse.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

- **(X1) PROVIDER/SUPPLIER/CILA IDENTIFICATION NUMBER:** 445241
- **(X2) MULTIPLE CONSTRUCTION**
  - A. BUILDING
  - B. WING
- **(X3) DATE SURVEY COMPLETED:** 01/23/2014

**NAME OF PROVIDER OR SUPPLIER**

SIGNATURE HEALTHCARE OF MEMPHIS

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

1150 DOVECREST RD
MEMPHIS, TN 38134

<table>
<thead>
<tr>
<th><strong>ID PREFIX TAG</strong></th>
<th><strong>SUMMARY STATEMENT OF DEFICIENCIES</strong> (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th><strong>ID PREFIX TAG</strong></th>
<th><strong>PROVIDER'S PLAN OF CORRECTION</strong> (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th><strong>(X5) COMPLETION DATE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>F 333</td>
<td>Continued From page 18 TYPICAL ADMINISTRATION / COMMENTS... 5-10 minutes before meals...”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of the facility's&quot;...Insulin and delivery system portfolio&quot; policy documented, &quot;...Product...NovoLog... Timing of subcutaneous injection...Within 5-10 minutes before meal...&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical record review for Resident #173 documented an admission date of 10/17/13 with diagnoses of Diabetes Mellitus, Neurogenic Bladder, Hypertension, Convulsions, Asthma and Vitamin D Deficiency. Review of the physician's orders dated 1/21/14 documented, &quot;...Novolog flexpen-give 3 units SQ [subcutaneous] c [with] each meal...&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observations in Resident #173's room on 1/21/14 at 5:40 PM, Nurse #2 administered Novolog 3 units SQ to Resident #173. As of 6:07 PM, Resident #173 had not received his supper tray. The administration of the insulin more than 15 minutes before Resident #173 received his meal resulted in a significant medication error.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview outside the conference room on 1/23/14 at 4:00 PM, the Director of Nursing (DON) was asked what is her expectation regarding Novolog administration in relation to meals. The DON stated &quot;...within 15 to 30 minutes...&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 367</td>
<td>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</td>
<td></td>
<td>483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN</td>
<td></td>
</tr>
<tr>
<td>SS=D</td>
<td>Therapeutic diets must be prescribed by the attending physician.</td>
<td></td>
<td>The facility will provide therapeutic diets as ordered by the physician</td>
<td></td>
</tr>
</tbody>
</table>
Continued From page 19
This REQUIREMENT is not met as evidenced by:
- Based on medical record review, review of a meal ticket, observation and interview, it was determined the facility failed to provide the correct therapeutic diet as prescribed by the physician for Resident #129 during 1 of 2 dining observations.

The findings included:

Medical record review for Resident #129 documented an admission date of 11/21/13 with diagnoses of Hemiplegia of Dominant Side, Hypercholesterolemia, Major Depression, Hypertension, Atrial Fibrillation, Aphasia and Chronic Kidney Disease. Review of the Minimum Data Set (MDS) dated 12/28/13 documented a Brief Interview for Mental Status (BIMS) score of 5 indicating the resident was moderately cognitively impaired and received a mechanically altered diet and a therapeutic diet. Review of a physician's order dated 12/22/13 documented, "[change symbol] diet to mech [mechanical] soft chopped..." Review of the care plan dated 11/7/13 and updated on 12/20/13 documented a nutritional intervention, "[change symbol] diet to mech soft + [plus] c [with] chopped..."

Review of Resident #129's meal ticket on 1/21/13 at 12:35 PM documented, "chopped meat."

During an observation in the dining room on 1/21/13 at 12:35 PM, revealed Resident #129's plate had a whole piece of ham cut into pieces. Resident #129 did not get chopped meat.

During an interview in the dining room on 1/21/13 at 12:45 PM, the Speech Therapist (ST) was asked if Resident #129's meal ticket documented

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| F 367 | 1. The whole piece of ham was chopped by CNA on 1/21/2014 and served to resident.  
2. The Dietary Manager audited 100% of resident records by 1/24/2014 to ensure proper diet has been ordered by physician and correctly placed on tray card.  
3. The Dietary Manager in-serviced the kitchen staff on 1/21/2014 and the Restorative nurse in-serviced the nursing staff on 1/27/2014 regarding serving physician prescribed diet according to tray card. The Cook and Dietary Aid and/or CNA will review food texture on tray card prior to platting per meal. Any discrepancies will be immediately confirmed and corrected. Finding will be reported by the Dietary Manager weekly to risk management meeting and monthly to QA Team.  
4. The QA Team will review the report monthly to ensure compliance. |
F 367 Continued From page 20  
chopped meat. The ST stated, "Yes." The ST was asked if Resident #129 was served chopped meat on his lunch plate. The ST stated, "No."

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 policy review, observation and interview, it was determined the facility failed to ensure that food was served, stored and protected from sources of contamination as evidenced by the refrigerator temperature was above 41 degrees Fahrenheit (F). uncovered pies were stored in the refrigerator, a sink used for hand washing was dirty, a red sticky substance was on the inside of the ice machine door, staff served meals in a high traffic walkway and uncovered clean thermal plate covers stored on racks in a high traffic area on 3 of 3 (1/21/14, 1/22/14 and 1/23/14) days of the survey.

The findings included:  
1. Review of facility’s sanitation / infection control policy documented, "...5... b. Light daily cleaning is required for the... hand washing sink... Outside
Continued From page 21 doors on... freezers are wiped off...

Observations during the initial tour of the kitchen on 1/21/14 beginning at 9:30 AM, revealed a dirty hand washing sink with a grey film on the sink bowl and around the faucet and handles. The temperature inside the walk in refrigerator read 46 degrees F on the thermometer hanging on the right side shelf, and 48 degrees F on the thermometer hanging inside above the door. There were 11 baked pies placed on 4 different shelves inside the walk in refrigerator not covered or dated. There was a red sticky substance on the inside door of the ice machine.

Observations in the kitchen on 1/22/14 at 9:35 AM, revealed the hand washing sink was still dirty with grey film on sink bowl and around faucet and handles. The walk in refrigerator thermometer on the right side shelf read 44 degrees F and the thermometer inside over the door read 49 degrees F. The ice machine had a red sticky substance on the inside of the ice machine door.

During an interview in the walk in refrigerator on 1/22/14 at 9:40 AM, the Dietary Manager (DM) verified the temperature readings of 44 and 49 degrees F.

During an interview in the kitchen on 1/22/14 at 9:45 AM, the DM was asked if the hand washing sink was dirty. The DM stated, "Yes." The DM was asked how often the sink is cleaned. The DM stated, "It should be done daily." The DM was asked how often the door to the ice machine is cleaned. The DM stated, "It should be wiped down daily."

The QA Team will review reports to ensure compliance.
continued from page 22

1/21/14 beginning at 12:00 PM, revealed a steam table facing the dining room with dietary staff serving from the steam table. Behind the dietary staff was an open curtain that accessed a high traffic hallway that lead to the kitchen and other hallways. Several staff members walked in the high traffic hallway behind the steam table while food was being served.

Observations in the high traffic hallway leading to the kitchen on 1/22/14 at 1:45 PM revealed 3 carts with clean thermal plate covers stored vertically in the corner of the area.

During an interview in the high traffic hallway on 1/22/14 at 1:45 PM, the DM was asked about the thermal plate covers being stored in that hallway. The DM stated, "There is a lack of storage space. We did have them in another area, but moved them in here."

Observations in the dining room on 1/23/14 at 8:35 AM, revealed 6 staff members walking in the hallway behind the steam table while food was being served.

During an interview in the DM's office on 1/23/14 at 3:00 PM, the DM was asked what the curtains are used for behind the steam table. The DM stated, "The curtains are mainly for ambiance more than anything." The DM was asked if there was a policy on walking around where food service was going on. The DM stated, "Not to my knowledge." The DM was asked if that was a walkway for people to get back to the hall to your office and central supply. The DM stated, "Yes, it is a walkway."
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>ID</th>
<th>PREFIX TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>431</td>
<td>Continued From page 23</td>
<td>431</td>
<td>Drug Records, Label/Store Drugs and Biologicals</td>
</tr>
</tbody>
</table>

**F 431** Label/Store Drugs & Biologicals

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule I of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and
During an interview on the 100 hall on 1/23/14 at 2:35 PM, the Director of Nursing (DON) was asked who's responsible for ensuring medications on the carts are not out of date. The DON stated, "The charge nurses they are on the cart every day..."

453.55 INFECTION CONTROL, PREVENT SPREAD, LINENS

F 431 Monitoring Corrective Action

Ongoing audits/monitoring of medication and treatment carts, and Central Supply room will be done bi-weekly by ADON'S, designee, or consultant pharmacy to ensure proper and immediate disposal of expired medications and ensure no expired meds are present. Results of the monitoring will be reported weekly to the Risk Management Interdisciplinary team and monthly to the QA Committee until after next annual survey.
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>F 441 Infection Control, Prevent Spread, Linens</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 441</td>
<td>Continued From page 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td>ID</td>
<td>Prefix</td>
<td>Tag</td>
</tr>
<tr>
<td>(F)</td>
<td>(441)</td>
<td>Corrective Actions</td>
<td></td>
</tr>
<tr>
<td>F 441</td>
<td>Identification if Other Residents with Potential to be Affected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 441</td>
<td>Measures to Ensure Deficient Practice does not Recur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F 441</td>
<td>Monitoring Corrective Actions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(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.
(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 review of the facility's "Daily Assignment" report and interview, the facility failed to provide a sanitary and comfortable environment for residents, staff, and the public.

The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.

The findings included:
- Review of the Blood Sampling-Capillary (Finger Stick) policy and procedures.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
- Observation of the disposal of the used strip and lancet in the trash can in Resident #173's room.
### F 465

**Summary Statement of Deficiencies**

Continued from page 27:

- Environment for the residents as evidenced by dirty shower rooms and dirty resident equipment in 2 of 2 (200 hall and 300 hall) common showers.

The findings included:

1. Review of the facility's "Detail Daily Assignment Sheet" documented, "CLEAN SPOTS ON WALLS... SWEEP FLOOR AND MOP... CLEAN SHOWER AREA..."

2. Observations on the 200 hall on 1/21/14 at 9:45 AM, revealed dirt on the walls, peeling paint on the walls and wooden handrails had dirt on them and peeling paint. The shower room on the 200 hall had dirty walls, dirt on floor, dirt on scales and a dirty mirror.

Observations in the 200 hall shower room on 1/22/14 at 7:40 AM, revealed dirt on the floor, dirt on the mirror and dirt on the weight scales.

Observations in the 200 hall shower room on 1/23/14 at 8:30 AM, revealed dirt on the walls, floor, mirror and scales and a white pipe protruding from the wall with brown material on it.

During an interview in the 200 hall shower room on 1/23/14 at 10:30 AM, the Assistant Director of Nursing (ADON) was asked if the scales were clean. The ADON stated, "No, they are not... they should be cleaned... I am.floored..."

During an interview in the 200 hall on 1/23/14 at 5:40 PM, the Housekeeping Manager was asked when the handrails were cleaned. The Housekeeping Manager stated, "...they are cleaned every Saturday..."

### F 465

1. On 200 hall the walls, handrails, shower Room floor and walls, mirror and scales, and white pipe were cleaned and hall walls were painted by 2/19/2014. On 1/23/2014 the 300 hall lift bases were cleaned of dirt, grime and food crumbs. On 1/23/2014 the 300 hall shower room was deodorized to remove urine odor. On 1/23/2014 the dirty clothes, used towels and washcloths were taken to laundry and cleaned. The wheelchair scales mat and shower bench were cleaned.

2. The Maintenance Director and Housekeeping Supervisor audited 100, 200, 300, and 400 halls on 1/24/2014 for peeling paint, dirt on walls and handrails, cleanliness of lifts and stale odors in hall. Any concerns were reported to Maintenance Director and Housekeeping Supervisor and were corrected by 2/19/2014.
Continued From page 28

3. Observations in the 300 hall beside room 302 on 1/21/14 at 9:40 AM, revealed two different lifts. The bases of the lifts were dirty and grimy with food crumbs on them.

Observations in the 300 hall shower room on 1/21/14 at 12:10 PM, revealed black scuff marks on shower room doors and stale odor in the shower room.

Observations in the 300 hall shower room on 1/23/14 at 10:55 AM, revealed a strong odor of urine with a rolled up diaper saturated with urine on the shower bench, dirty clothes and used towels and washcloths wadded up on the shower stretcher, the shower bench had a brown substance on the seat and the wheelchair scales mat was dirty.

Observations in the 300 hall shower on 1/23/14 at 11:00 AM, revealed the floor base mat of the wheelchair (wc) scale was dirty, the shower stretcher had a dirty pair of sweat pants, a dirty pillowcase, wash cloths and towels and socks with no one in the room. The shower bench had a rolled up dirty diaper and a brown substance on the seat.

During an interview in the 300 hall shower on 1/23/14 at 11:00 AM, the ADON was asked who should clean the shower. The ADON stated, "Housekeeping would clean the shower... it stinks in here... that is urine..."
F 514 Continued From page 29

The facility must maintain clinical records on each resident in accordance with 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.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation and interview, it was determined the facility failed to ensure medical records were accurate for 19 of 37 residents included in the stage 2 review.

The findings included:

Medical record review for Resident #16 documented an admission date of 11/10/11 with diagnoses of Urinary Tract Infection, Muscle Weakness, Altered Mental Status, Cellulitis, Hypertension, Convulsions, Gastric Esophageal Reflux, Multiple Sclerosis and Osteoarthritis. Review of the December 2013 recertification orders dated 11/24/13 documented, "...C - AMINODYRIDINE 5MG [milligrams] 1 CAP [capsule] BY MOUTH 4 TIMES A DAY..." (These orders had been copied and given to the surveyor on 1/22/14 at 4:00 PM). Review of the December 2013 recertification orders dated 11/24/13 documented, "...C - AMINODYRIDINE 5MG [the 1 was crossed out and the 3 was written in]..."
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
</table>
| F514 | Continued from page 30 | CAP BY MOUTH 4 TIMES A DAY... (These orders had been copied and given to the surveyor on 1/22/14 at 8:15 PM). Review of the November 2013 and the October 2013 recertification orders documented, "...C-AMINODIYRIDINE 5MG 3 [the 1 was crossed out and the 3 was written in] CAP BY MOUTH 4 TIMES A DAY..." Review of the "[Named Clinic]" prescription order form dated 1/12/12 documented, "...Aminopyridine (5 mg)... [symbol for 3] po [by mouth] qid [four times a day]...."
| F514 | Measures to ensure Deficient Practice does not recur | By 2/19/14 DON/Designee will re-inservice ALL nurses on proper editing/reconciling medical records to ensure accuracy with a post test to measure understanding. Post test will require a passing score of 80%. Nurses will also demonstrate competency in reconciling/editing the medical records by return demonstration to ensure accuracy of current Physician orders to be observed per DON/Designee. Random audits (10), of physician orders will be conducted monthly per DON/ADON/designee to ensure accuracy of medical records until after next annual survey.
| F514 | Monitoring Corrective Actions | DON/Designee will report results of the audits to the Risk Management Committee weekly and the QA Committee monthly until after next annual survey.
During an interview in the lobby on 1/22/14 at 7:10 PM, the Administrator stated, "Just wanted to let you know, we are investigating this... have it narrowed down to two people, and they will be suspended pending investigation..."