N 669 1200-8-6-.06(4)(c)4. Basic Services

(c) The Director of Nursing shall have the following responsibilities:

4. Notify the resident’s physician when medically indicated.

This Rule is not met as evidenced by: Complaint #TN00027029

This is a Pending Type C Penalty #4

Tennessee Code Annotated 58-11-604(c) Notify the resident’s physician when medically indicated.

Based on medical record review and interview, it was determined that the facility failed to consult and notify the physician and an interested family member of a significant weight loss for 1 of 9 (Resident #6) sampled residents.

The findings included:

Medical record review for Resident #6 documented an admission date of 9/22/10 with diagnoses of Hypertension, Dementia, Diabetes Mellitus, Cerebrovascular Accident and Hemiplegia. Review of the “Resident Weight Change History” for Resident #6 documented an admission weight of 199.6 pounds. Resident #6’s weight on 10/26/10 was documented as 159.6 pounds indicating a significant weight loss of 5 percent (%) in a month. The facility was unable to provide documentation that the facility consulted the

1. The facility will ensure that the physician and the family of the residents who lose a significant amount of weight will be notified.

Resident #6 has been discharged from the facility.

2. Residents residing in the facility have the potential to be affected. Current residents will be assessed for significant weight loss by the PAR (Patients At Risk) committee by 6/25/11. The PAR Committee consists of the DON, Dietary Manager, MDS Coordinator, SSD, Activities Director, and RN Supervisor. The physician and family of residents with significant weight loss that has occurred within the past six months will be notified by the DON or designee. The PAR committee will continue to monitor residents with significant weight loss weekly until stable.

3. The DON or Designee will review residents with significant weight loss weekly x 4 weeks, then monthly, x 3 months to ensure that the physician and family of residents with significant weight loss have been notified.

RATATORY DIRECTORS OR PROVIDER/ SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

IF CONTINUATION SHEET 1 OF 2
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 669</td>
<td>Continued From page 1</td>
<td>N 669</td>
<td>4. The results of the reviews will be presented monthly to the QA Committee. The QA Committee is composed of the Medical Director, NHA, DON, Dietary Supervisor, and various employees from departments within the facility. The DON will present the findings to the QA Committee for further recommendations and or interventions.</td>
</tr>
<tr>
<td></td>
<td>physician and notified an interested family member of the significant weight loss.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview conducted via phone on 5/19/11 at 11:30 AM, the Directory of Nursing confirmed the facility was unable to locate the requested medical records.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>