**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/ SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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<tbody>
<tr>
<td>445409</td>
<td>A. BUILDING</td>
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<tr>
<td></td>
<td>B. WING</td>
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<td>(X3) DATE SURVEY COMPLETED</td>
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<table>
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<tr>
<th>NAME OF PROVIDER OR SUPPLIER</th>
<th>STREET ADDRESS, CITY, STATE, ZIP CODE</th>
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<tbody>
<tr>
<td>CRESTVIEW HEALTH AND REHABILITATION</td>
<td>2030 25TH AVE N NASHVILLE, TN 37208</td>
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<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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| F 272  | 483.20(b)(1) COMPREHENSIVE ASSESSMENTS  
The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  
A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment. | F 272 | This Plan of Correction has been developed in compliance with State and Federal Regulation. This plan affirms Crestview Health and Rehabilitation Center intent and allegation of compliance with those regulations. This POC does not constitute an admission or concession of either accuracy or factual allegation made in, or existence or scope of significance, of any cited deficiency. | 05/14/2013 |

1. MDS for Resident was immediately completed on 5/13/13 by MDS Coordinator.

2. 100% audit was completed on all Residents on 5/13/13. All MDS assessments were found to be timely. MDS Coordinator conducted the audit.

3. Administrator in-serviced Director of Nursing and MDS Coordinators regarding timely completion of quarterly and annual assessments on 5/13/13.

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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 discloseable 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 discloseable 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.
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLAUS
IDENTIFICATION NUMBER:
445409

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
C
05/14/2013

NAME OF PROVIDER OR SUPPLIER
CRESTVIEW HEALTH AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
2020 25TH AVE N
NASHVILLE, TN 37208

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LCQ IDENTIFYING INFORMATION)

ID PREFIX TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

F 272
Continued From page 1

This REQUIREMENT is not met as evidenced by:
Intakes: TN00031552, TN00031687

Based on medical record review and interview, it was determined the facility failed to perform
annual and quarterly assessments using the Resident Assessment Instrument (RAI) for 1 of 5
(Resident #3) sampled residents.

The findings included:

Medical record review for Resident #3
documented an admission date of 11/10/2011
with diagnoses of Colorectal Cancer, Dysuria,
Hypertension, Depression, and Dyspepsia.
Review of the Minimum Data Set (MDS)
documented the last MDS assessment was a 60
day scheduled assessment completed on
1/10/2012.

During an interview in the MDS office on
6/14/2013 at 1:50 PM, the Director of Nursing,
(DON) stated, "We looked, it's [MDS] not there."

During a phone interview in the MDS office on
5/14/2013 at 2:00 PM, the MDS coordinator
stated, "I get the names [of Residents due for
MDS] from the computer and his [Resident #3]
name did not come up. He [Resident #3] was left
out some kinda [kind of] way."

F 309
483.25 PROVIDE CARE/SERVICES FOR
HIGHEST WELL BEING

Each resident must receive and the facility must
provide the necessary care and services to attain

4. The Nurse Educator and Director of
Nursing will make random audits of MDS
Assessments: 5 days per week for 4
weeks, 3 days per week for 4 weeks then
1 day per week for 4 weeks and/or until
100% compliance. The results will be
reported to : Director of Nursing, monthly
to Quality Assurance Performance
Improvement Committee comprising of:
Administrator, Director of Nursing,
Activities Director, Minimum Data Set
Coordinator, Director of Social Services,
Plant Operations Director, Registered
Dietician, Assistant Director of Nursing,
Nurse Educator, Director of Dietary,
Director of Therapy and Medical Records
Coordinator.

5. Compliance Date: 6/1/2013.
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This REQUIREMENT is not met as evidenced by:
Intakes: TN00031562, TN00031687

Based on medical record review and interview, it was determined the facility failed to perform annual and quarterly assessments using the Resident Assessment Instrument (RAI) for 1 of 5 (Resident #3) sampled residents.

The findings included:

Medical record review for Resident #3 documented an admission date of 11/10/2011 with diagnoses of Colorectal Cancer, Dysuria, Hypertension, Depression, and Dyspepsia. Review of the Minimum Data Set (MDS) documented the last MDS assessment was a 60 day scheduled assessment completed on 1/10/2012.

During an interview in the MDS office on 5/14/2013 at 1:50 PM, the Director of Nursing (DON) stated, "We looked, it's [MDS] not there."

During a phone interview in the MDS office on 5/14/2013 at 2:00 PM, the MDS coordinator stated, "I get the names [of Residents due for MDS] from the computer and his [Resident #3] name did not come up. He [Resident #3] was left out some kinda [kind of] way."

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<th>F309</th>
<th>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</th>
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Each resident must receive and the facility must provide the necessary care and services to attain

F309

1. The Resident was assessed by Medical Director at which time no adverse effects were noted from antibiotic therapy on 5/13/13.
**F 309**: Continued From page 2

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:

Intakes: TN00031552, TN00031687

Based on policy review, medical record review and interview, it was determined the facility failed to follow physician orders for antibiotic therapy and wound treatment for 1 of 5 (Resident #1) sampled residents.

The findings included:

Review of the facility's "Physician's Orders" policy documented, "...Procedure... d. When a... order is received by a nurse, documentation of the order on the Physician's Order Form must include: (1) the mode of transmission... (3) the date and time..."  

Medical record review for Resident #1 documented an admission date of 12/21/2012 with diagnoses of Hypertension, Hyperlipidemia, Hyperthyroidism, End Stage Renal Disease, Gout, Morbid Obesity and Diabetes Mellitus. A signed physician's order for antibiotics dated 2/20/2013 documented, "Levoquin 250 q [every] day Doxycyclin 100mg [milligrams] BID [twice a day] Both x [times] 10 day[s] 2/20/13" on the culture and sensitivity lab report for Resident #1. Review of the February and March, 2013 electronic Medical Administration Record (MAR),

2. 100% audit was completed on all Resident receiving antibiotic therapy with no other Residents identified as affected on 5/14/13. Audit completed by Director of Nursing.

3. Nurse Educator and Assistant Director of Nursing educated 100% Licensed Staff regarding the timeliness of antibiotic administration and placed copy of Med Select-List of drugs on Medication Carts on 5/17/13.

4. The Nurse Educator, Director of Nursing and Assistant Director of Nursing will make random audits of physician orders: 5 days per week for 4 weeks, 3 days per week for 4 weeks then 1 day per week for 4 weeks and/or until 100% compliance. The results will be reported to: Director of Nursing, monthly to Quality Assurance Performance Improvement Committee comprising of: Administrator, Director of Nursing, Activities Director, Minimum Data Set Coordinator, Director of Social Services, Plant Operations Director, Registered Dietician, Assistant Director of Nursing, Nurse Educator, Director of Dietary, Director of Therapy and Medical Records Coordinator.

5. Compliance Date: 6/1/2013.
| F 309  | Continued From page 3 documented the Doxycycline was not administered on 2/20/2013 at 8:00 AM and 2/20/2013 at 8:00 PM on 2/21/2013 at 8:00 AM and on 2/25/2013 at 8:00 PM. Review of the February and March, 2013 MAR, documented the Levaquin was not administered on 2/20/2013 at 8:00 AM and on 2/21/2013 at 8:00 AM.


During an interview in the Assistant Director of Nursing's office on 5/14/2013 at 2:40 PM, the Director of Nursing (DON) was asked what the nurses should do if an order was written on a laboratory report. The DON stated, "I expect them to write [the order] on a telephone order just as written." The DON was asked if the ordered treatments were documented. The DON stated, No, not done daily. Weekends not done."

| F 505  | PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS

The facility must promptly notify the attending physician of the findings.

| F 505  | 1. The Resident was assessed by Medical Director at which time no adverse effects were noted regarding lack of notification of abnormal laboratory results to the physician on 5/13/13. |
F 505: Continued From page 4

This REQUIREMENT is not met as evidenced by:
- Intakes: TN00031562, TN00031687
- Based on medical record review and interview, it was determined the facility failed to notify the physician of laboratory (lab) results for 2 of 5 residents #1 and 2 sampled residents.
- The findings included:
  1. Medical record review for Resident #1 documented an admission date of 12/21/12 with diagnoses of End Stage Renal Disease (ESRD), Gout, Morbid Obesity, Diabetes Mellitus Type II (DM), Hypertension (HTN), Hyperlipidemia, and Hyperthyroidism. Review of the lab report of the Culture and Sensitivity (C&S) dated 2/13/13 and reported to the facility on 2/16/13 documented an order from the physician on 2/20/13 for Leviquin 250 milligrams (mg) every day and Doxycycline 100 mg twice each day, 4 days after receipt of the laboratory results.
  2. During an interview with the Assistant Director of Nursing's office on 5/14/13 at 2:40 PM, the Director of Nursing (DON) was asked when the physician was made aware of the report. The DON stated, "I don't see anything on 2/18/13. It's not there."
  3. Medical record review for Resident #2 documented an admission date of 2/26/13 with diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Peptic Ulcer Disease (PUD), Rheumatoid Arthritis (RA), DM, HTN, and Bipolar.
F 505 Continued From page 5
Review of a physician’s order dated 4/9/13 documented an order for a "UA [urinalysis] with C & S if indicated. Review of the lab report dated 4/10/13 and reported to the facility on 4/10/13 documented the physician’s receipt of the lab report on 4/14/13, 4 days after receipt of the laboratory results.

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<td>4. The Nurse Educator, Director of Nursing and Assistant Director of Nursing will make random audits of physician notification of laboratory results: 5 days per week for 4 weeks, 3 days per week for 4 weeks then 1 day per week for 4 weeks and/or until 100% compliance. The results will be reported to: Director of Nursing, monthly to Quality Assurance Performance Improvement Committee comprising of: Administrator, Director of Nursing, Activities Director, Minimum Data Set Coordinator, Director of Social Services, Plant Operations Director, Registered Dietitian, Assistant Director of Nursing, Nurse Educator, Director of Dietary, Director of Therapy and Medical Records Coordinator.</td>
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