This Plan of Correction is being submitted as required by Federal regulations. The submission of this Plan of Correction is not to be construed as an admission by the facility as to the accuracy of the citations nor finding of facts. Please accept this as our Plan of Correction.

F314 SS=D

The facility will 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.

1. Resident #11 was discharged from the facility on February 1, 2011.
2. Braden scales for the past quarter, current weekly body audits, current Treatment Administration Records, and current Skin Condition observations for the other residents residing in the facility were reviewed by the Treatment Nurse and the DON. Braden scales were updated, body audits were completed, and new skin observations were completed as needed. The review was completed on 9/15/11.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 14 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 30 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.
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assessment of the skin is necessary to detect early signs of pressure damage... 7. Document all skin assessments. Accurate documentation is essential for monitoring the progress of the individual..."

2. Review of the facility’s "Pressure Ulcer Risk Assessment" policy documented, "...Upon admission, each resident will have Braden Scale completed by a licensed nurse. Reassessment will be done quarterly and as needed... 1. CNA’s [certified nursing assistant’s] will observe skin daily and report problems to the charge nurses... 3. The licensed nurse will conduct body audits weekly on residents... 4. The procedure for skin assessments and audits will be checked by the Director of Nursing [DON] or designee to ensure that it is followed properly..."

3. Medical record review for Resident #11 documented an admission date of 7/12/10 with a readmission date of 1/24/11 with diagnoses of Congestive Heart Failure, End Stage Renal Disease, Chronic Obstructive Pulmonary Disease, Insulin Dependent Diabetes Mellitus Type II, Depressive Disorder, Gastroesophageal Reflux Disease, Peripheral Vascular Disease and Morbid Obesity. Review of the comprehensive care plan dated 7/12/10 and updated 10/11/10 documented, "...Braden assessment quarterly and prn [as needed]... Body audit weekly and prn..." The facility was unable to provide quarterly Braden scale skin assessments for Resident #11.

Review of the "Weekly Body Audit" dated 7/18/10 to 11/28/10 and 1/2/10 to 1/26/11 documented incomplete weekly skin audits. The facility was unable to provide "Weekly Body Audit" skin...
**Statement of Deficiencies and Plan of Correction**

- **Provider/Supplier/CJA Identification Number:** 445335
- **Multiple Construction:**
  - A. Building
  - B. Wing
- **Date Survey Completed:** 08/30/2011

**Name of Provider or Supplier:**

Oakwood Community Living Center

**Street Address, City, State, Zip Code:**

1636 Woodlawn
Dyersburg, TN 38024

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary of Deficiency</th>
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<tbody>
<tr>
<td>F 314</td>
<td>Continued From page 2</td>
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<td>assessments from 11/29/10 to 1/1/11.</td>
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Review of the "TREATMENT RECORD" for November 2010 and January 2011 failed to document complete description of each skin condition under treatment. The facility was unable to provide a "TREATMENT RECORD" for October 2010 and December 2010.

Review of the “Skin Conditions (observations)” for 7/12/10 through 1/29/11 documented inconsistent and incomplete skin assessments and treatment.

During an interview in the DON's office on 8/30/11 at 12:30 PM, the DON was asked if Resident #11’s "Treatment Record" and the "Skin Conditions (observation)" sheets were complete and accurate. The DON confirmed they were not and stated, "...not complete...inconsistencies between nurses and how it's documented..." The DON confirmed she was unable to locate the "TREATMENT RECORD" for October 2010 and December 2010. The DON was asked about the weekly skin audits. The DON confirmed they were not complete and that she was unable to locate any skin audits from 11/29/10 to 1/1/11. The DON was asked if Braden scale (skin assessments) was done quarterly. The DON stated, "I did not find them [Braden scale skin assessments]."

**Provider's Plan of Correction**

- **Correction**
  - Completing and documenting body audits on 9/15/11 by the DON.
  - Medical Records will complete 2 chart audits weekly and report results to the DON. The chart audit will encompass the Braden Scale, body audits, the treatment record, and the skin observations. Medical Records will report the results of the chart audits to the DON monthly. Medical Records was educated regarding the process by the DON on 9/15/11.
  - The DON or designated nurse (s) will review 4 charts a week for 4 weeks, then 2 charts a week for 4 weeks to ensure updated Braden scales, complete treatment records, complete body audits, and skin observations are present. The DON will report the results of these audits to the QA committee monthly times 3 months and then quarterly.

The QA committee will make any needed changes to policy/procedure based on these reports as needed.

The QA committee consists of the Administrator, Director of Nursing, Medical Director, Maintenance Supervisor, Social Services, Dietary manager, Activity Director and Housekeeping supervisor.