**NAME OF PROVIDER OR SUPPLIER:**
TRENTON PLACE CARE AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE:**
2036 HIGHWAY 45 BYPASS
TRENTON, TN 38382

**DATE SURVEY COMPLETED:**
12/28/2012

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<th>(X4) ID</th>
<th>(X5) ID</th>
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<td>F 000</td>
<td>F 221</td>
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**INITIAL COMMENTS:**
A complaint investigation was conducted on 12/19/12 through 12/28/12 for TN #00030854 and TN #00030857. F221 was cited for complaint #TN #00030854 and F428 was cited for complaint #TN00030857.

**F 221 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RERAINTS**

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

**This REQUIREMENT is not met as evidenced by:**
Intakes: TN00030854

Based on medical record review, observation and interview, it was determined the facility failed to obtain a physician's order for continued use of a restraint for 1 of 2 (Resident #10) sampled residents wearing a restraint.

**The findings included:**
Medical record review for Resident #10 documented an admission date of 11/5/11 and a readmission date of 10/16/12 with diagnoses of Vascular Dementia with Delirium, Venous Insufficiency, Hypertension, Diabetes Mellitus II, Chronic Obstructive Pulmonary Disease, Cerebrovascular Accident, Dysphagia, Altered Mental Status, Anxiety, Depression, Chronic Kidney Disease, and Closed Fracture of the Clavicle. Review of the restrictive device evaluation dated 10/25/12 documented, "...Based on the review of the patient's medical record, the device evaluation dated 10/25/12 documented that the resident was not free to move without assistance due to a restriction implemented for medical reasons."

**F 000**
"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Trenton Place Care and Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."

**F 221**
1. An order for use of a pelvic holder restraint was placed in the medical record of Resident #10 on Dec. 28, 2012 by the DON.

2. Audits conducted on Dec. 31, 2013 by the DON on Residents requiring restraints revealed that no other resident was affected.
Continued from page 1 on previous failed attempts, what is the current plan? W/C [wheelchair] c [symbol for with] Pelvic holder, anti-fippers. Can resident self-release the device on command? No...

Review of the Minimum Data Set (MDS) dated 10/30/12 documented in Section P Restraints, a physical restraint was used while the resident was out of bed, in a chair on a daily basis. Review of the care plan dated 10/31/12 documented, "...May use pelvic holder..." Review of the physician’s orders for October 2012, November 2012 and December, 2012 did not include an order for use of a pelvic holder restraint.

Observations at the nurses’ station on 12/19/12 at 2:20 PM and in the dining room on 12/20/12 at 8:40 AM, revealed Resident #10 sitting in the wheelchair with a pelvic holder restraint in place preventing the resident from rising from the wheelchair.

During an interview in the conference room on 12/20/12 at 5:20 PM, the Director of Nursing (DON) was asked if Resident #10’s medical record had an order for use of the pelvic holder restraint. The DON stated, "...Tell you the truth; I forgot to write the order..."

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.
F 425 Continued From page 2

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This REQUIREMENT is not met as evidenced by:
Intakes: TN00030587

Based on medical record review and interview, it was determined the facility failed to provide adequate pharmaceutical services for 1 of 6 (Resident #9) sampled residents reviewed for availability of medications.

The findings included:

Medical record review for Resident #9 documented an admission date of 2/6/12 and readmission date of 12/11/12 with diagnoses of New Onset Seizures (12/11/12), Ischemic Heart Disease, Hyperlipidemia, Hypertension, Dementia with Behavioral Disturbance, Cerebrovascular Accident with Cognitive Deficit and Hemiplegia, Parkinson’s Disease, Dysphagia, Anxiety, and Peripheral Vascular Disease. Review of the physician’s active recertification orders for October and November 2012 documented.

F 425

1. Medication records for Resident #9 were reviewed by the DON on Dec. 28, 2012 and all ordered medications were available.

2. An audit of Medication records was completed on Dec. 31 by the DON. No other Residents were affected.

3. An inservice was conducted on Dec. 29, 2012 by the DON to instruct charge nurses to notify the DON/designee of any medications not available immediately. The DON met with the Pharmacy Consultant on Dec. 31, 2012 to discuss pharmacy issues. An audit was completed by the Pharmacy consultant to identify any medications not available.
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<th>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>
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<td>F 425</td>
<td>Continued From page 3 &quot;...Citalopram Hydrobromide 20 MG [milligram] Tablet By mouth (Oral) - Daily Everyday; one po [by mouth] daily. Depression/mood... Felodipine 5 MG Tablet Extended release 24 Hour By mouth (Oral) - Daily Everyday: One po daily. Calcium Channel Blocker...&quot;</td>
<td>F 425</td>
<td>Medication records will be audited daily by the DON/ADON for 30 days to identify any missing medications then 3 times weekly.</td>
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<td>Review of the medication administration record (MAR) for October 2012 documented Citalopram Hydrobromide 20 MG, an antidepressant, was not given to Resident #9 due to unavailability from the Pharmacy from 10/20/12 through 10/26/12. Documentation on the MAR indicated the medication was ordered from the Pharmacy on 10/20/12 and was not available until 10/27/12. Review of the Behavior Flowsheet indicated no change in the resident's mood during these dates.</td>
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<td>4. Results of audits will be reviewed in the monthly QI meeting by the Administrator, DON and Medical Director.</td>
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<td>Review of the MAR for November 2012 documented Felodipine 5 MG, a heart and blood pressure medication, was not given to Resident #9 due to unavailability from the Pharmacy from 11/24/12 through 11/26/12. Documentation on the MAR indicated the medication was ordered by the nurse from the Pharmacy on 11/24/12 and was not available until 11/26/12. The resident's heart rate and blood pressure were recorded monthly as ordered. No problems were noted.</td>
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<td>During an interview in the conference room on 12/20/12 at 5:15 PM, the Administrator and the Director of Nursing (DON) were asked why Resident #9 had gone without his routine medications. The Administrator stated they were in an ongoing struggle with the named Pharmacy to get needed medications in a timely manner. The DON stated the facility had changed from</td>
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<td>Continued From page 4 boxes of medications in the medication carts to bubble packs on August 21 through 24, 2012. A few of the routine medications were running out at the end of the month around the dates. Resident #9 did not receive his medications. The medications were reordered however at times it was a fight to get them from the Pharmacy.</td>
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