F 502 483.75(j)(1) ADMINISTRATION

The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.

This REQUIREMENT is not met as evidenced by:

Intakes: TN00030518

Based on medical record review and interview, it was determined the facility failed to provide laboratory services as ordered by the physician for 1 of 5 (Resident #1) sampled residents.

The findings included:

Medical record review for Resident #1 documented an admission dated of 7/23/12 and readmitted 8/15/12 with diagnoses of Acute Bronchitis, Urinary Tract Infection [UTI], Congestive Heart Failure, Hypertension, and Chronic Airway Obstruction. The resident's medical history included diagnoses of Pneumonia, Peripheral Neuropathy, Personal History of a Fall, Orthostatic Hypotension, Diverticulosis, Diverticulitis, Tobacco Use Disorder, Circulatory System Disorders, Malaise and Fatigue, Depressive Disorder, Anxiety disorder, Esophageal Reflux, Rheumatoid Arthritis, Lumbago, Degeneration Intervertebral Disc, Colostomy Status, Diabetes Mellitus Type 2, and Immunoglobulin G [IgG] Deficiency. Review of a physician's order dated 9/10/12 documented, "...Chronic UTI [urinary tract infection] - Incontinence of urine - Immunity deficiency... Straight in and out catheter one time for urine c+s acceptable for 12/19/12 APN.

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.

F 502

 Resident 1 no longer resides in facility

Residents needing laboratory services who currently reside in facility, potential to be affected by this alleged deficient practice.

Education to licensed nurses related to Transcribing physician lab orders by DNS/ADNS/Supervisors.

Audits were performed on current Resident's chart on physician orders. To ensure correct transcription of lab orders.

Audits will be done 3 weekly on 3 charts reviewing for accurate transcription and follow through of lab orders for 4 weeks, weekly x 8 weeks.

Lab book will be reviewed in morning meeting Monday through Friday by IDT consisting of DNS, ADNS, SS1, and follow up.

The results of the audits will be reviewed at the Quality Assurance Committee which includes: Director of Nursing, Executive Director, Assistant Director of Nursing, RNAC, Nursing Supervisors, Pharmacy, Social Services, Medical Director, Dining Services. The committee meets monthly and will review the audit observations for three (3) months and recommendations made as appropriate.

RECEIVED

FRI. 2. 9 2012

Laboratory Director's or Provider/Supplier Representative's Signature

Date 12-19-12

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.
F 502 Continued From page 1
[culture and sensitivity] and residual urine...” The facility was unable to provide documentation that the one-time urine c+s was done as ordered.

During an interview in the east nurse’s station on 10/23/12 at 5:10 PM, the Assistant Director of Nursing (ADON) was asked for documentation of the ordered urine specimen. The ADON confirmed that the facility was unable to provide documentation that the laboratory work for Resident #1 had been done as ordered.

F 508 483.75(k)(1) PROVIDE/OBTAIN RADIOLoGY/DiAGNOSTIC SvCS

The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, it was determined the facility failed to provide radiology services as ordered by the physician for 2 of 5 (Residents #1 and 3) sampled residents.

The findings included:

1. Medical record review for Resident #1 documented an admission dated of 7/23/12 and readmitted 8/15/12 with diagnoses of Acute Bronchitis, Urinary Tract Infection (UTI), Congestive Heart Failure, Hypertension, and Chronic Airway Obstruction. The resident’s medical history included diagnoses of Pneumonia, Peripheral Neuropathy, Personal History of a Fall, Orthostatic Hypotension.

Resident #1 no longer resides in facility. Resident #2, has been assessed for any current needs.
Resident currently residing in facility who have x-rays ordered have potential to be affected by this alleged deficient practice.
Education to licensed nurses related Transcribing physician x-ray orders by DNS/ADNS/Supervisors.

An Audit were performed on current resident charts on physician orders. To ensure correct transcription of x-ray Orders. Audits will be done 3 x weekly on 5 charts reviewing for accurate transcription and follow through of lab orders for 4 weeks, weekly x 8 weeks.
New orders will be reviewed in morning Meeting Monday through Friday by IDT consisting of DNS, ADNS, SSD.

The results of the audits will be reviewed at the Quality Assurance Committee which includes:
Director of Nursing, Executive Director, Assistant Director of Nursing, RNAC, Nursing Supervisors, Pharmacy, Social Services Medical Director, Dining Services. The committee meets monthly and will review the audit observations for three (3) months and recommendations made as appropriate.

12-28-12
**NAME OF PROVIDER OR SUPPLIER**
GOLDEN LIVINGCENTER - SPRINGFIELD

**STREET ADDRESS, CITY, STATE, ZIP CODE**
104 WATSON ROAD  
SPRINGFIELD, TN 37172

<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>(X5) 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 508             | Continued From page 2  
Diverticulosis, Diverticulitis, Tobacco Use Disorder, Circulatory System Disorders, Malaise and Fatigue, Depressive Disorder, Anxiety disorder, Esophageal Reflux, Rheumatoid Arthritis, Lumbago, Degeneration Intervertebral Disc, Colostomy Status, Diabetes Mellitus Type 2, and Immunoglobulin G [IgG] Deficiency.  
Review of the physician's readmission orders dated 8/15/12, following a hospital stay from 8/10/12 to 8/15/12, documented, "...portable CXR [chest x-ray] 1 week to reevaluate pneumonia..." The facility was unable to provide documentation that the CXR was done as ordered.  
2. Medical record review for Resident #3 documented an admission date of 8/28/12 with a readmission date of 9/25/12 with diagnoses of Chronic Airway Obstruction, Adjustment Disorder with Mixed Disturbance of Emotion and Conduct, Urinary Tract Infection, Hemorrhoids, Disorder of the Bladder, Esophageal Reflux, Osteoarthritis, Chronic Pulmonary Heart Disease, Coronary Atherosclerosis, Hyperlipidemia, Morbid Obesity, Cardiac Pacemaker, Obstructive Sleep Apnea, Hypertension, Malignant Neoplasm of the Prostate, Atrial Fibrillation, Diabetes Mellitus Type 2, Anemia, Chronic Kidney Disease and Acute Respiratory Failure.  
Review of the physician's readmission orders dated 9/28/12 documented, "...Schedule pt [patient] for portable CXR to be done in one week to reevaluate pneumonia..." The facility was unable to provide documentation that the CXR was done as ordered.  
3. During an interview at the east nurse's station | F 508 | | | |
Continued From page 3

on 10/23/12 at 5:10 PM, the Assistant Director of Nursing (ADON) was asked for documentation of the ordered CXR for Resident #1 and Resident #3. The ADON confirmed that the facility was unable to provide documentation that the CXR's were done as ordered for these two residents.