N 508 1200-8.6.05(5)(b) Admissions, Discharges, and Transfers

(5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents:

(b) Ongoing and up-to-date documentation of quarterly review by each resident’s interdisciplinary team as to the appropriateness of placement in the secured unit.

This Rule is not met as evidenced by:
Based on medical record review and interview, the facility failed to review quarterly for appropriateness for placement in the secure unit for three (#1, #2, #12) of four residents on the secure unit reviewed.

The findings included:
Resident #1 was admitted to the secure unit on August 10, 2007, with diagnosis including Advanced Alzheimer’s Dementia.

Medical record review of the Minimum Data Set (MDS) dated February 18, 2011, revealed the resident had impaired short and long term memory and required total assistance with all activities of daily living.

Medical record review revealed no documentation of quarterly reviews to determine if resident #1 was appropriately placed in the secure unit.

Resident #2 was admitted to the secure unit on August 14, 2009, with diagnosis including Alzheimer’s Dementia.

1. Residents #1, #2 and #12 have been assessed for appropriateness of placement in the secured unit.

2. All residents currently in the secured unit will be assessed as to current appropriateness of secured unit placement. All residents will have ongoing assessments as part of the quarterly care plan process.

3. The Director of Nursing and her designees will assess all residents currently in the secured unit. The care plan nurses will assess each resident at the quarterly care plan and document the appropriateness of resident being in the secured unit. The care plan nurse will document that the assessment has been done on the “Roster Log” which is kept in the MDS office.

4. The Director of Nursing will audit the “Roster Log” monthly to assure quarterly assessments are done with the care plan.

April 22, 2011

[Signature]

Laboratory Director or Provider Supplier Representative’s Signature

STATE FORM M2E911

Date 3/25/11
### Summary Statement of Deficiencies

**NHC HEALTHCARE, SEQUATCHIE**

**360 DELL TRAIL, PO BOX 678**

**DUNLAP, TN 37327**

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**Medical record review of the MDS dated January 18, 2011, revealed resident #2 had impaired short and long term memory, and required assistance with all activities of daily living.**

**Medical record review revealed no documentation of quarterly reviews to determine if resident #2 was appropriately placed in the secure unit.**

*Resident #12 was admitted to the secure unit on June 21, 2010, with diagnosis including Alzheimer's Dementia.*

**Medical record review of the MDS dated January 7, 2011, revealed resident #12 had impaired short and long term memory, and required assistance with all activities of daily living.**

**Medical record review revealed no documentation of quarterly reviews to determine if resident #12 was appropriately placed in the secure unit.**

**Interview on March 16, 2011, at 12:10 p.m., in the Director of Nursing (DON)’s office with the DON confirmed quarterly reviews were not completed for residents #1, #2, and #12 to determine if the residents were appropriate for placement on the secure unit.**