F 309  PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

Each resident must receive and the facility must provide the necessary care and services to attain 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: TN00030856

Based on medical record review and interview, it was determined the facility failed to follow the physician's order for wound care twice a day for 1 of 5 (Resident #5) sampled residents.

The findings included:

Medical record review for Resident #5 documented an admission date of 10/18/12 with diagnoses of Dementia, Hypertension, Diabetes Mellitus, Congestive Heart Failure and Coronary Artery Disease. Review of the "PHYSICIAN'S ORDER SHEET AND PROGRESS NOTES" dated 11/14/12 documented, "Discontinue Zanadorm to sacral area. 1. Cleanse area to sacrum with wound cleanser, Pat dry apply Santyl to wound bed twice daily with cover dreg [dressing]."

Review of the the November 2012 "Medication Administration Record" documented, "Cleans sacral area [with] wd [wound] cleanser apply thin coat of Santyl to wd bed twice daily." The

LABORATORY DIRECTORS OR PROVIDERS/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X8) DATE

Ken Ossoy, Adm 1/18/13 1/18/13
<table>
<thead>
<tr>
<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>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 309</td>
<td>Continued From page 1 wound care was documented as provided one time daily on the 7-3 shift on 11/14/12, 11/15/12 and 11/16/12. There was no documentation the treatment was performed on the 3-11 shift as scheduled. The facility was unable to provide documentation the dressing was completed twice a day as ordered. During an interview conducted in the conference room on 12/5/12 at 1:45 PM, Nurse #1 stated she was the only nurse that provided the wound care as documented on the 7-3 shift</td>
<td>F 309</td>
<td>F309 – The facility must ensure that residents receive and the facility provide the necessary care and services to attain and maintain the highest practical physical, mental, and psychosocial well-being. All physicians' orders are reviewed and followed in accordance with the resident's comprehensive assessment and plan of care. All physician orders have been reviewed and accurately transcribed to the medication administration record by each unit manager. The medication administration records have been reviewed for accurate signage according to physician orders by each unit manager. The treatment nurse reviewed all wound care orders to ensure that each physician order is being followed to maintain the highest practical level of wound care. Each unit manager will audit the resident's charts at least three times per week to ensure that all physicians' orders are carried out. The audit will be recorded on the Quality Monitoring Sheet (see attached) the treatment nurse will audit all wound care</td>
<td>1/8/13</td>
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**NAME OF PROVIDER OR SUPPLIER**

MIDSOUTH HEALTH AND REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2380 JAMES ROAD
MEMPHIS, TN 38127

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| **F 309**           | Continued From page 1
Wound care was documented as provided one time daily on 11/14/12, 11/15/12, and 11/16/12. There was no documentation the treatment was performed on the 3-11 shift as scheduled. The facility was unable to provide documentation the dressing was completed twice a day as ordered.
During an interview conducted in the conference room on 12/5/12 at 1:45 PM, Nurse #1 stated she was the only nurse that provided the wound care as documented on the 7-3 shift                                                                                                           | **F 309**     | Care orders at least three times for compliance and record it on the QA monitor (see attachment). The DON/ADON will review the quality assurance monitor weekly. The compliance audits will be reviewed quarterly in our Quality assurance meeting. |