Investigation of complaint #26081 was completed with the annual Re-certification survey April 18-20, 2011, at Asbury Place at Kingsport. No deficiencies were cited in relation to complaint #26081 under 42 CFR Part 483, Requirements for Long Term Care Facilities.

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation, and interview, the facility failed to follow the physician's orders for one (#10) of fifteen residents reviewed.

The findings included:
Resident #10 was admitted to the facility on April 14, 2011, with diagnoses including History of Deep Venous Thrombosis, History of Pulmonary Embolism, Pneumonia, Hypothyroidism, Acute on Chronic Renal Failure, Dermatomyositis, and Congestive Heart Failure.

Medical record review of the admission physician’s orders dated April 14, 2011, revealed "...Coumadin (blood thinner) 3 mg (milligrams) PO (by mouth) QD (every day) thru Sun (Sunday) 4/17...F/U (follow up) PT/INR (laboratory test to measure blood coagulopathy) 3 times a wk (week) and have PCP (primary care provider) or physician to dose Coumadin..."
F 281  Continued From page 1

Medical record review, on April 20, 2011, revealed no documentation the PT/INR had been completed.

Medical record review of the April 14-30, 2011, Medication Record revealed Coumadin 3 mg was administered on April 14, 17, 18, and 19, 2011. Continued review of the April 14-30, 2011, Medication Record revealed on April 15 and 16, 2011, an X was marked in the slot indicating the Coumadin 3 mg was not administered by Licensed Practical Nurse (LPN) #1.

Medical record review of the nursing notes dated April 20, 2011, revealed "...Dr...notified at 0935 that INR scheduled for 4-18-11 was not done-2 doses (Coumadin) missed-received order for STAT INR-lab drawn...& (and) sent to lab...Results called by...from (lab) @ (at) 1110-INR 4.2 (reference range 2.0-3.0) and PT 50.3 (reference range 10.3-13.4)-results called to DR...order received to hold Coumadin Wed & Thurs-INR on Fri 4-22-11...Dr...states lab is not critical, not life threatening..."

Observation on April 20, 2011, at 8:25 a.m., revealed the resident seated in a wheelchair crocheting a poncho.

Observation with the Director of Nursing (DON) on April 20, 2011, at 9:30 a.m., revealed an empty labeled package from the pharmacy indicating four tablets of Coumadin 3 mg was delivered to the facility on April 14, 2011.

Telephone interview on April 20, 2011, at 9:40 a.m., with LPN #1, revealed LPN #1 thought the resident was to receive Coumadin 3 mg on Thursday and Sunday only, and confirmed the...
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>F 281</td>
<td>Continued From page 2 Courmadin 3 mg was not administered on April 15 and 16, 2011, as ordered by the physician. Telephone interview on April 20, 2011, at 10:10 a.m., with the physician revealed the desired range for the resident's INR was between 1.8 and 3.2. Interview on April 20, 2011, at 9:35 a.m., with the DON, in the DON's office, confirmed there was no order to administer Courmadin 3 mg after March 17, 2011, and confirmed the physician's order for Courmadin administration and obtaining a PT/INR had not been followed.</td>
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**F 333 - 483.25(m)2 RESIDENTS FREE OF SIGNIFICANT MED ERRORS**

The facility must ensure that residents are free of any significant medication errors.

This REQUIREMENT is not met as evidenced by:

- Based on medical record review, observation, and interview, the facility failed to prevent a significant medication error for one (#10) of fifteen residents reviewed.

The findings included:

- Resident #10 was admitted to the facility on April 14, 2011, with diagnoses including History of Deep Venous Thrombosis, History of Pulmonary Embolism, Pneumonia, Hypothyroidism, Acute on Chronic Renal Failure, Dermatomyositis, and Congestive Heart Failure.

Medical record review of the admission physician's orders dated April 14, 2011, revealed

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**Handwritten Notes**

- V.P. of Operations, LHCA #3128 5-5-11
- MAY 05 2011
<table>
<thead>
<tr>
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<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 333</td>
<td>Continued From page 3</td>
<td>F 333</td>
<td>months, to determine that orders have been transcribed correctly. Results of the audits will be forwarded to the QA committee for review.</td>
<td>May 31, 2011</td>
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<td></td>
<td>&quot;...Coumadin (blood thinner) 3 mg (milligrams) PO (by mouth) QD (every day) thru Sun (Sunday) 4/17... F/U (follow up) PT/INR (laboratory test to measure blood coagulopathy) 3 times a wk (week) and have PCP (primary care provider/physician) or physician to dose Coumadin...&quot;</td>
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<tr>
<td>F 333</td>
<td>Medical record review of the April 14-30, 2011, Medication Record revealed Coumadin 3 mg was administered on April 14, 17, 18, and 19, 2011. Continued review of the April 14-30, 2011, Medication Record revealed on April 15 and 16, 2011, an X was marked in the slot indicating the Coumadin 3 mg was not administered by Licensed Practical Nurse (LPN) #1. Observation on April 20, 2011, at 8:25 a.m., revealed the resident sitting in a wheelchair crocheting a poncho. Observation with the Director of Nursing (DON) on April 20, 2011, at 9:30 a.m., revealed an empty labeled package from the pharmacy indicating four tablets of Coumadin 3 mg was delivered to the facility on April 14, 2011. Telephone interview on April 20, 2011, at 9:40 a.m., with LPN #1, revealed LPN #1 thought the resident was to receive Coumadin 3 mg on Thursday and Sunday only, and confirmed the Coumadin 3 mg was not administered on April 15 and 16, 2011, as ordered by the physician. Interview on April 20, 2011, at 9:35 a.m., with the DON, in the DON's office, confirmed there was no order to administer Coumadin 3 mg after March 17, 2011, and Coumadin 3 mg was not administered on April 15 and 16, 2011, as</td>
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Continued From page 4 ordered by the physician.

483.35(i) FOOD PROCURE, STORE/prepare/serve - sanitary

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:
Based on observation, facility policy review, and interview, the facility failed to maintain the dietary department in a clean and sanitary manner.

The findings included:
Observation on April 18, 2011, at 10:45 a.m., with the Acting Dietary Manager (in charge due to the absence of the Dietary Manager) revealed the following:

Three pans stacked wet were returned to the stack of pans which were clean and drying (not to the stack of pans to be rewashed).

The gas cooking stove had carbon build-up of grease and cooked food around the burners.

Two convection ovens had build-up of cooked food splattered inside and around the door frames of the ovens.

Wet pans are now dried before being put on the rack. Shift checklist has been updated to ensure this is checked at least twice a day.

The stove top has been cleaned and will be sent out to be sandblasted as needed. An additional stove top is being purchased to allow this to happen.

Convection ovens are being detail cleaned at the end of each day rather than weekly. Shift checklist has been updated to ensure this is clean before the staff leaves each day.

The large grill (char-broiler) is being cleaned and covered after each use. Shift checklist has been updated to ensure it is inspected daily.

Weekly cleaning duties have been reorganized to ensure that all tasks are completed, regardless of staff schedules. Chef and Manager will verify completion of all assigned duties each week and file associated documents.

Three compartment sink automated sanitizer has been recalibrated to proper level. Incoming water temperature has been adjusted by facilities department. Sanitizer will be tested and recorded 4 times each day to ensure proper concentration level.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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| F 371 | Continued From page 5  
The large grill had a build-up of cooked food debris and grease.  
The lids of three bins used for sugar, flour, and corn-meal were soiled with moisture, and food debris.  
Review of the Weekly Cleaning Duties for Kitchen Staff revealed the Oven/Stove/Flat top, and the Bulk Bins were documenting as being cleaned on April 14, 2011. Continued review of the Weekly Cleaning Duties revealed the Grill had not been cleaned during the week of April 3 - 11, or during the week of April 11 - 18, 2011.  
Review of the facility policy revealed, "...Each employee is given a weekly cleaning task, once completed the task must be checked and signed off by the manager on duty..."  
Interview with the Acting Dietary Manager on April 18, 2011, at 11:20 a.m., in the dietary department, confirmed the Ovens, Stove, and Grill, were not cleaned.  
Observation of the three compartment sink on April 19, 2011, at 11:45 a.m., with the Acting Dietary Manager revealed the test strip showed the Parts Per Million as 500, and the water at a temperature of 52 Degrees Fahrenheit. Interview with the Dietary Staff (who usually prepares the three compartment sink water) on April 19, 2011, at 11:50 a.m., in the dietary department, confirmed the sink is usually prepared with cold water.  
Review of the facility policy for Sanitation Sink revealed, "...Sanitation sink is to be filled with room temp. Sanitizer (65-75 degrees)...Sanitizer | Dietary Staff have been re-educated regarding:  
- Proper drying of pans  
- Cleaning schedule for stove top, char broiler and ovens  
- Revised weekly cleaning schedule  
The Dietary Manager and Executive Chef will audit the following weekly for completeness.  
- The checklist for  
  - Drying of pans  
  - Stove top cleanliness  
  - Convections oven cleanliness  
  - Large grill cleanliness  
- Weekly cleaning duty checklist  
- Three compartment sink sanitizer log  
Audit results will be provided to the QA committee  
May 31, 2011 |
F 371 Continued From page 6
level must be between 150 and 400 parts per million..."

Interview with the Acting Dietary Manager on April 19, 2011, at 11:50 a.m., in the Dietary Department, confirmed the three compartment sink was filled with cold water and had a sanitation level of 500 Parts Per Million.

Interview with the Dietary Manager on April 20, 2011, at 11:35 a.m., in the dietary department dining room, confirmed the dietary equipment was to be cleaned on a weekly basis and as needed between the regular cleaning schedule.

F 441, SS=D
483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a
F 441 Continued From page 7

Communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, facility policy review, and interview, the facility failed to cleanse wounds separately to avoid cross-contamination for one (#1) of fifteen residents reviewed.

The findings included:

Observation on April 19, 2011, at 1:55 p.m., revealed Licensed Practical Nurse (LPN) #2 providing wound care to resident #1. Observation revealed LPN #2 described the wounds as follows: Site A-sacral area, Stage III 7.0 cm (centimeters) X (by) 6.1 cm with yellow slough and a moderate amount of purulent drainage; Site B-right buttock, Stage II 0.8 cm X 0.4 cm; Site C-right buttock, Stage II 1.2 cm X 1.0 cm; Site D-right buttock, Stage II 0.3cm X 0.3 cm; Site E-left buttock, Stage II 1.3 cm X 1.5 cm; Site F-left buttock, Stage II 0.7 cm X 0.4cm. Continued observation revealed LPN #2 used a gauze pad, wet with normal saline, and wiped the wounds on the right buttock and the sacral area using the
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<tr>
<td>F 441</td>
<td>Continued From page 8 same area of the gauze pad, with one wiping motion. Continued observation revealed LPN #2 used a second gauze pad, wet with normal saline, and wiped the wounds on the left buttock and the sacral area using the same area of the gauze pad, with one wiping motion. Review of the facility's policy Wounds revealed &quot;...Steps and Actions for all dressings...Cleansing each wound separately...&quot; Interview on April 19, 2011, at 2:30 p.m., with LPN #2, in the conference room, confirmed the wounds were not cleaned separately.</td>
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<tr>
<td>F 502</td>
<td>PROVIDE/OBTAIN LABORATORY SVC-QUALITY/TIMELY</td>
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<tr>
<td>SS=D</td>
<td>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: Based on medical record review and interview, the facility failed to obtain laboratory services for one (#10) of fifteen residents reviewed. The findings included: Resident #10 was admitted to the facility on April 14, 2011, with diagnoses including History of Deep Venous Thrombosis, History of Pulmonary Embolism, Pneumonia, Hypothyroidism, Acute on Chronic Renal Failure, Dermatomyositis, and Congestive Heart Failure. Medical record review of the admission</td>
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<td>F 502 The PT/INR for Resident #10 has been obtained. The resident's physician has reviewed the PT/INR results and ongoing orders have been obtained. The resident remains in stable condition. All residents receiving Coumadin have been identified, and orders / lab tests reviewed. PT/INR results are up to date. A laboratory tracking system has been added to the 24 hour report. Licensed nurses have been re-educated regarding laboratory orders, including the new tracking system. The Director of Nursing, or designee will audit the 24 hour report 5 times a week for 4 weeks, followed by audits 2 times a week for 2 months. Audits will</td>
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<td>F 502</td>
<td>Continued From page 9 physician's orders dated April 14, 2011, revealed &quot;...Coumadin (blood thinner) 3 mg (milligrams) PO (by mouth) QD (every day) thru Sun (Sunday) 4/17...F/U (follow up) PT/INR (laboratory test to measure blood coagulopathy) 3 times a wk (week) and have PCP (primary care provider) or physician to dose Coumadin...&quot; Medical record review, on April 20, 2011, revealed no documentation the PT/INR had been completed. Medical record review of the nursing notes dated April 20, 2011, revealed &quot;...Dr...notified at 0935 that INR scheduled for 4-18-11 was not done...received order for STAT INR-lab drawn...&amp; (and) sent to lab...Results called by...from (lab) @ (at) 1110- INR 4.2 (reference range 2.0-3.0) and PT 50.3 (reference range 10.3-13.4)-results called to DR...order received to hold Coumadin Wed &amp; Thurs-INR on Fri 4-22-11...Dr...states lab is not critical, not life threatening...&quot; Interview on April 20, 2011, at 9:35 a.m., with the DON, in the DON's office, confirmed the PT/INR had not been completed since the resident was admitted to the facility on April 14, 2011.</td>
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