PRINTED: 03/05/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,		LE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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	1	445123	B. WING)	02/21/2013	
	ROVIDER OR SUPPLIER	ESSEE		6	REET ADDRESS, CITY, STATE, ZIP CODE 171 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENT	rs .	FO	000				
F 282 \$\$=J	#28635 was conduct 12-15, 2013, and Fideficiencies were of record review and it investigation of the Immediate Jeopard to provide supervisiturning a resident. A partial extended see February 21, 2013. The Administrator an informed of the Immediate Jeopard to point of the Immediate Jeopard to p.m. The Immed	C/O #30155 resulted in an y cited for neglect and failure on and safe assistance when survey was conducted on and Director of Nursing were nediate Jeopardy in the on February 20, 2013, at 2:15 pardy was effective from July bruary 20, 2013. Y of Care was cited under d severity level of "J." An on of Compliance, which liacy of the jeopardy, was tive actions were validated yor on February 21, 2013. The Immediate Jeopardy tags and severity of a "D" level rective actions. Bed to submit a plan of s. VICES BY QUALIFIED	F 2		Alexian Village of Tennessee Healthcare Rehabilitation Center offers this Plan of Cornas its allegation of compliance with the particle requirements for long term care facilities a evidence of its ongoing efforts to provide care to residents. Disclaimer Statement Alexian Village of Tennessee Healthcare Rehabilitation Center does not admit that deficiencies existed, before, during or after the salexian Village of Tennessee Healthcare Rehabilitation Center reserves all rights to contisurely findings through the IDR, formal proceeding, or any administrative or legal proceeding, or any administrative or legal proceeding or contractual obligation and Alexian Village or contractual obligation and Alexian Village or contractual obligation and Rehabilitation reserves all rights to raise all possible contentio defenses in any type of civil or criminal claim, ac proceeding. Nothing contained in this POC sho deemed applicable to peer review, quality assurance of terminal contents of terminal claim, ac proceeding. Nothing contained in this POC sho deemed applicable to peer review, quality assurance of terminal contents of terminal claim, ac proceeding. Nothing contained in this POC sho deemed applicable to peer review, quality assurance of terminal contents. F 282, \$483.20(k)(3)(ii), SERVICES QUALIFIED PERSONS/PER CARE PLAN Resident #1 expired July 9, 2012. The conducted a Root Cause Analysis on July 12, Recommended actions were reviewed and implementation of the staff is aware of and complies with each resindividualized plan of care. (continued next paging individualized plan of care. (continued next paging individualized plan of care. (continued next paging individualized plan of care.)	ection pation und as quality and t any survey. and colored appeal edings, of care appeal edings, of care appeal edings, of care appeal edings, of care appeal edings. BY facility 2012 anented ensure ident's		
							,	
ABURATORY	DIRECTOR'S OF PROVIDE	ER/SUPPLIER REPRESENTATIVE'S SIGN		٠	TITLE		(X6) DATE	
	p-1 (1000)		45	2	+ INTERIM ADMINISTRI	4TOP	1/13/13	

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	, ,		E CONSTRUCTION	(X3) DAT	SURVEY PLETED
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	ROVIDER OR SUPPLIER	SSEE		6	REET ADDRESS, CITY, STATE, ZIP CODE 71 ALEXIAN WAY BIGNAL MOUNTAIN, TN 37377	· · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	accordance with eacare. This REQUIREMENT by: Based on medical investigation, review of facility policy, and follow the resident's provide the required a fall for one reside reviewed. The facility's failure plan was followed a assistance was probedridden resident with multiple bodily July 9, 2012. The fall in Immediate Jerovider's noncomprequirements of parlikely to cause seriod death). The Administrator a informed of the Immediate Conference Room op.m. The findings include Resident #1 was ad 2008, and readmitted diagnoses including	y qualified persons in ch resident's written plan of NT is not met as evidenced record review, review of facility of facility in-service, review dinterview, the facility failed to individualized care plan, and dievel of assistance to prevent int (#1) of eight residents to ensure resident #1's care and the required safe vided when turning the resulted in a fall from the bed injuries and sudden death on acility's failure placed resident opardy (situation in which a diance with one or more ticipation has caused, or is tus injury, harm, impairment or and Chief Nursing Officer were nediate Jeopardy in the on February 20, 2013, at 1:35	F:	282	Residents requiring the assistance of two pers bed mobility have been, and will continue identified through nursing assessments and throexamination of MDSs and Care Plans. Id residents have been, and will continue to be, into the Electronic Activities of Daily (EADL)/Kardex/Care Plan systems to one sersident needs. Director of Nursing or designeed provided education for the marsing staff refrecognition of residents requiring the assistance persons for bed mobility, compliance with the care plan, proper techniques for turning and posithe residents, and the required reporting noncompliance. The nursing staff was educated by July 19 concerning the proper assessment of reside required assistance with turning and the elacurate and consistent information in the Kard Plan/MDS systems (documentation of staff attewas incomplete; therefore, repeat in-service was conducted and fully documented on Febru 2013). Care Tracker resident profiles were upd July 23, 2012 to include the number of staff regassist with bed mobility. Director of Nurdesignee(s) have provided education for the staff related to recognition of residents require assistance of two persons for bed mobility, comwith the resident care plan, proper techniquentuming and positioning the residents, and the reporting of any noncompliance. The facility member involved with Resident #1's care was precounseled regarding required compliance we Kardex/Care Plan/MDS systems and the turning/transfer technique. This staff members subsequently suspended. RN#1 was coregarding the need to immediately report and staff non-compliance with resident's plan of counseled regarding supervisory skills. The Director of Nursing or designee(s) will weekly checks for 30 days to ensure accurate consistency of the Kardex/Care Plan/MDS cnit CNAs' documentation in the EADL, and will observe and interview nursing staff to	to be, ugh the contified entered Living staff to s) have ated to of two resident itioning of any conduct to sing or mursing ary 20, ated on uired to sing or mursing fing the pliance coes for equired ty staff romptly ith the proper er was unseled correct are and take an conduct tey and ies, the visually	

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ŧD (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 282 Continued From page 2 F 282 dependent oxygen supplement: Acute Corcompliance. The Director of Nursing or designee(s) Pulmonale; Heart Failure; Chronic Kidney will report findings to the OAA Committee and the Disease; Chronic Anemia; Hypertension; CEO of the facility. Based on these findings, the QAA Noninfectious Lymphedema; and Degenerative Committee, together with the CEO, will determine Joint Disease. whether any additional corrective actions, and additional monitoring is required, and assure implementation of the same. The CEO will report on Medical record review of an Advanced Directive compliance with the Plan of Correction to the Board of for Health Care, dated February 11, 2011, signed Directors (the "Quality Council"), which has oversight by the resident (as declared by two different responsibilities for quality resident services and for assurance of compliance with regulations and standards witnesses), revealed, "...l, (resident), have made of governmental organizations. this document to set forth my treatment instructions...in case of my incapacity. As a 03/08/13 student of the Holy Scriptures I direct that NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma be given me under any circumstances, even if the health care providers believe that such are necessary to preserve my life...l give no one...any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions..." Medical record review of a hospital History and Physical dated December 5, 2011, revealed the resident was transferred and admitted to the hospital and treated for Respiratory Failure. Medical record review of a Physician's Progress Note dated December 8, 2011, at 3:52 p.m., revealed the resident was discharged from the hospital back to the nursing home on December 8, 2011. Continued review of a Physician's Progress Note dated December 9, 2011, revealed the resident stated to have "contemplated long

and has come to a decision after discussion with friends, counselor, brother, social worker, and

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
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	after (resident's) can home) staff. (Resident) do changed to 'DNR (D Care.' (Resident) do to the hospital for life conditionswants us treatpain and anxiomeratpain and anxiomeratToileting (Pleareview revealed the infort toileting (still curre "Assist of 2 (two staffassistents)	re plan meeting with (nursing lent) wishes forgoals to be 20 Not Resuscitate)-Comfort oes not wish to be transferred e-threatening is (nursing home) to ety and have (a) goal of st." ew of Physician Orders for (POST), dated December 9, resident and treating the resident was a DNR, with "Other instructions" on the DNOT HOSPITALIZE." ew of a Significant Change in the Set (MDS), dated revealed a cognition score of een cognitively intact). It we consider the physical more staff for bed mobility resident's weight measured wo of the Resident Kardex esistant (CNA) care plan), 2011, revealed, "The ins are to be provided to the his/her individual plan of se Circle)" Continued required circled intervention ent at the time of the fall) was fi)."	F 2	82			
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AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			DNSTRUCTION		TE SURVEY MPLETED
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	resident's cognition fifteen but; remaine continued to require two or more staff. I revealed 469 pound respectively. Medical record revie Recapitulation Order 31, 2012, revealed, production of red bludisease-associated (micrograms), substain), every week' the resident's hemothe blood's ability to body) was to be obtous the hemoglobin with the Aranesp was review of the hemoglobin levels range 12.0-16.0). Review of a facility in 2012, revealed, at a resident "fell off the The "Type of Injury" the following injuries (scraped)bruiseI The documentation "neurochecks." The ten, on a scale of on worse. Continued recresident) lost grip of momentum over the	had improved to a score of d totally dependent and e the physical assistance of The resident's body weight is and 476 pounds, ew of the Physician's ers, dated July 1 through July "Aranesp (stimulates the cod cells for chronic kidney anemia), inject200 mcg (subcutaneous; under the 'Continued review revealed globin (a lab test to determine carry oxygen throughout the ained routinely, every week, as equal to, or greater than is to be held. Medical record globin tests obtained January y 2, 2012, revealed anged from 7.8 to 9.1 (normal envestigation dated July 9, pproximately 6:00 a.m., the bed during am (a.m.) care." section with check boxes had a checked, "abrasion acceration (cut)painother." after "other" included resident's reported pain was secto-ten, with ten being the eview revealed, "res f side rails and continued	F2	282			
	TO VIEW OF A RUDG CS	iuse Alialysis (no date)	·· , , , , , , , , , , , , , , , , , ,				

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 282 | Continued From page 5 F 282 revealed, "...What steps...contributed to...the event? Associate usually performed this duty alone...What human factors were relevant to the outcome? One CNA assisting the resident during rounds. Resident stated that (CNA #1) moves me kind of fast' ... Are there any other factors that have directly influenced this outcome? Resident's wt (weight) was 430# (pounds)..." Review of a written witness statement dated July 9, 2012, by (CNA #1), revealed, "...I went to change (resident) for morning rounds before I would leave. Told (resident) to lift (resident's) hip to turn (resident). I took and push (pushed) (resident) to (resident's) side. Then before I knew it (resident) was going over. I try (tried) to stop (resident) but (resident) kept on going over and it was to (too) late..." Review of a written witness statement dated July 9, 2012, by Registered Nurse (RN) #1, revealed, "...'As told by res after the fall'...(CNA #1) was drying me. (CNA#1) moves and turns me kinda (kind of) fast. As (CNA #1) was turning me and I was holding onto the rail (side rail). My hand slipped off the rail. Because I was already moving I fell off the bed. I hit my head. I know my leg hit something because I had a lot (a lot) of pain to my leg, the right one (right leg)... Medical record review of a Nursing Progress Note dated July 9, 2010 (2012), by RN #1 revealed the following: 610 (6:10 a.m.), "I was alerted to a 'big problem on 6th (sixth) floor.' I arrived to the 6th floor to observe (resident) laying on the floor of

(resident's) room. Floor was wet with liquid cl

STATEMENT AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			CONSTRUCTION	(X3) DA7	TE SURVEY
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	(clear)/yellow and s (left) thigh was lying bedside table. Table comfort. Res is ale anxiouscalled (Lo to assist with movin called (physician) (three-to-four) inche calf and res refusal neurological intact of While waiting for (fit to RLE (right lower dressed." 630 (6:30 a.m.), "1s Medical Services) of (second) crew in to 715p (7:15 a.m.), "For bed of (with) assist Res positioned in bedseed to R thigh, about the body to which the attached)to axilla to RLE laterally. Lace exerform (xeroform; of Kerlix (gauze roll).	ome red. Res (resident's) Let on top of (roommate's) e was removed for resident's rt x (times) 3 (three) but very cal) Fire Depart (department) g (resident) up off the floor. It to let (physician) know of 3-4 laceration to R (right) lateral to go to hospital. Residuring assmt (assessment). The department of the floor is department) lac (laceration) extremity) cleaned & (and) It (first) EMS (Emergency rew arrived-they called a 2nd help with lifting the res up." Res rolled onto tarp and lifted the floor of 10 (ten). It (assistance) of 10 (ten). It (assistance) of 10 (ten). It given to res. Large bruise rasion & bruise noted to Rorearm). Abrasion noted to be sion (abrasion) & bruis tock (hip and buttock) if to L lateral torso (the part of the head, arms, and legs are in 3-4 (three-to-four) laceration of cleaned & covered congueze), ABD pad & wrapped in the lateral torso (the part of the part of the cleaned & covered congueze), ABD pad & wrapped in the lateral torso (the part of the part o	F2	282			

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING __ C 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID PREFIX (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 Continued From page 7 F 282 Medical record review of a lab report dated July 9, 2012, revealed the routine weekly hemoglobin was collected at 8:40 a.m. Medical record review of a Physician's Progress Note dated July 9, 2012, revealed the resident had a fall in the early morning. Injuries included bruises to the right thigh; a three and one-half to four inch laceration on the right lateral lower extremity; numerous abrasions on the shoulder (right or left not identified), axillary region (right or left not identified), abdomen, and right hip. The resident was complaining of pain in the thigh (right or left not identified), and revealed, "I cannot move my leg." The resident complained of nausea and retching (unproductive effort to vomit); and was anxious due to the fall and laceration. The laceration was cleaned, locally (edges of the laceration) anaesthetized (numbed), and eight sutures were placed. Medical record review of the Physician's Telephone Orders dated July 9, 2012, revealed the following orders: 1. X-ray of the right thigh, leg, and foot; 2. Clean incision (laceration) on right leg daily with normal saline; apply kerlix and xeroform dressing daily and PRN (as needed); 3. Augmentin (antibiotic), 500 milligrams, by mouth, three times daily for five days. Medical record review of the Medication

Administration Record, dated July 1 through July

1. The laceration was cleaned and dressed as

31, 2012, revealed the following:

ordered, for wound care:

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	VILLAGE OF TENNE	SSEE		←	REET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
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F 282	mouth, at 6:45 a.m. 3. Augmentin was a prevention of infecting the prevention of	rams, was administered by , for anxiety; started (at 8:00 a.m.), for on; setaminophen, 5 grams, was administered by , for pain. ew of the X-ray reports dated 0 p.m., revealed two radiologic the right femur, right tibia and foot, with the following ess (visible) acute displaced "no acute displaced "no acute displaced t tissue swelling" ew of a routine weekly ort dated July 9, 2012, n., revealed a result of 6.4.	F	282			

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ŀ	observable. Called occurred at 8:10 p.r signs), b/p (blood p. left message) with (Medical Doctor). FCNA called for the r (no) resp. Supervis arrived in facility app.m. & was made a Medical record revie 2012, revealed the revealed the secondary to fall." Medical record revier revealed the 66 years of death were on Ju immediate cause of death due to questic secondary to fall." Review of facility in-Daily Living) Assistan November 23 throug revealed, "Explain each care level mea assistance provided needed for the assis kardex system. Instead plan book a Kardex each nurse's station book will contain an resident to provide this ADL'scheck this	ge 9 familyto notifythis m. Difficult to obtain vs (vital ressure) 66/40, pulse 51. LM answering service for MD Re: (regarding)hemoglobin. hurse 8:20 p.m., to observe 0 for called to room. Family prox (approximately) 9:50 ware of res passing" The word a lab report dated July 9, repeat hemoglobin result was ther drop of 1.8 from the m of 6.4 obtained earlier at The word the Record of Death or old resident's date and time and y 9, 2012, at 8:25 p.m. The death revealed, "Sudden conable internal bleeding Service, ADL (Activities of note and Kardex, dated and November 30, 2011, and the ADL codingwhat and in the terms of type of and the amount of staff attanceExplained the new and of looking in the care notebook will be located at for each hallThe Kardex information sheet on each the level of assistance needed book prior to assisting any agin December 1, (2011)"	F	282			

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Plan," dated August 2 Each resident'scar to: a. Incorporate ide Incorporate risk facto problemse. Identify responsible for each preventing or reducir declinesPolicy: An meet the resident's re psychological needs. Interview with CNA # 5:30 p.m., in the conf went into the resident (provide incontinence before the end of the woman and I had to to push (resident) hard, resident was so big." "pushing" the residen up, and with the palm forward, demonstrate both hands. "I didn't did it by myself (turne pushed (resident) ove opposite side of (resident) was so bigwhen (re (resident) went over a stop (resident) hit (residen standthere was a hit (CNA #1 reached up CNA #1's forehead) (resident's) forehead. bottom (metal base or over-the-bed tableti	icy, "Comprehensive Care 2001, revealed, "Purpose: re plan has been designed entified problem areas; b. ors associated with identified /services that are element of care; f. Aid in ing (resident) Individualizedcare planto nedical, nursing, mental andfor each resident" If on February 12, 2013, at ference room, confirmed, "! it's (#1) room to change e care)(resident) just eshift. (Resident) was a big take both of my hands and with a lot of force, because As CNA #1 described at, CNA #1 held both hands as of both hands facing ed a pushing gesture using ask anybody to help me! ed the resident)When I ear, I couldn't see the dent) because (resident) sident) was turned, so hard and fast, I couldn't resident) went over, it's) head on the night uge knot on her forehead and touched the right side of(resident) landed on the	F	282			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 282 Continued From page 11 F 282 was (resident's) bad leg...the one that hurt (resident) all the time. I should have had someone helping me. Before I went out to get help, I made sure (resident) was breathing. (CNA #5) was in a nearby room...I hollered (called out loud) '(CNA #5)!'...because I knew (CNA #5) wasn't far from me...(CNA #5) came in and I stayed with (resident) while (CNA #5) went to get the nurse...(RN #1), Licensed Practical Nurse (LPN #3), (CNA #5), and myself were looking at (resident) trying to figure out how we were going to get (resident) off of the over-the-bed table... (RN #1), (CNA #5), and me pulled (resident) over as (LPN #3) pulled the over-the-bed table from under (resident)...We were talking to (resident)... (resident) was in pain...(LPN #3) got (resident) some Ativan to help (resident) calm down... (resident) said (resident) couldn't breathe...I quess it was an anxiety attack...(resident) calmed down with the Ativan...(Physician) told me it was an accident that ended bad...I was responsible...I pushed (resident) over...! couldn't see that (resident) had lost (resident's) hand grip...! couldn't see (resident's) hand...(resident) was so big..." Continued interview revealed CNA #1 denied knowing the resident required the assistance of two for toileting and "Nobody in-serviced (educated) me or gave me any disciplinary action." Interview with Resident Assessment Information Coordinator (RAIC) #1 on February 13, 2013, at 10:30 a.m., in the conference room, confirmed the resident was a total assist with turning, toileting, and transferring, and required the assistance of two or more staff. "The information

was on the care plan and the kardex (a reference for resident-specific information related to nursing

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE** SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 282 Continued From page 12 F 282 care); and the kardex is a CNA-based care plan. All CNA's were trained and required to use the kardex for resident specific information." RAIC #1 confirmed, "The resident's care plan identified the resident required total assistance with two staff for toileting. On July 9, 2012, at 6:00 a.m., one CNA (#1) was assisting the resident with toileting, and the resident fell from the bed." RAIC #1 confirmed the facility failed to ensure the resident's individualized care plan was followed, and provide the required and safe assistance of two staff. Interview with RAIC #2 on February 13, 2013, at 12:15 p.m., in the conference room, confirmed, "...l completed (resident's) Significant Change in Status MDS, on December 14, 2011, and MDS assessment on May 30, 2012...(resident) was totally dependent. I updated the care plan and kardex on December 8, 2011, to include interventions for toileting with the assist of two. All care plans are developed, and updated according to each resident's assessment and any change in condition. The resident's information is, and was during this resident's stay, maintained in the care plan binders at each nurse's station...the kardex was also being used at that time, and was located at each nurse's station. In just looking at the resident's size, common sense would tell you it would take two, at least, to change, clean, and turn (resident). It was not safe for (resident) to be assisted by one CNA...We have switched to an electronic system

with a kiosk (free-standing computer station and display screen) located on each hallway for the CNA's to reference for each resident's specific care and assistance." Continued interview confirmed, "When (CNA#1) assisted the resident

F 282 Continued From page 13 by (CNA#1's) self, with toileting (on July 9, 2012, at 6:00 a.m.), the care plan was not followed and (resident) fell from the bed." RAIC #2 confirmed the facility failed to follow the resident's care plan. Interview with RN #1 on February 13, 2013, at 11:15 a.m., in the conference room, confirmed, "On the morning of July 9, 2012, I was called (RN #1 was on seventh floor; resident was on sixth floor), and told that (resident) was on the floor, and had fell from the bed. I assessed (resident's) neurological statuswas alert, and oriented x3 (to person, place, time)no neurological distress or changes. There was bloody fluid in the floorwas a cut on the (resident's) leg that was bleedingright lateral calf (side area between knee and ankie)The fire department was	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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F 282 Continued From page 13 by (CNA #1's) self, with toileting (on July 9, 2012, at 6:00 a.m.), the care plan was not followed and (resident) fell from the bed." RAIC #2 confirmed the facility failed to follow the resident's care plan. Interview with RN #1 on February 13, 2013, at 11:15 a.m., in the conference room, confirmed, "On the morning of July 9, 2012, I was called (RN #1 was on seventh floor; resident was on sixth floor), and told that (resident) was on the floor, and had fell from the bed. I assessed (resident's) neurological statuswas alert, and oriented x3 (to person, place, time)no neurological distress or changes. There was bloody fluid in the floorwas a cut on the (resident's) leg that was bleedingright lateral calf (side area between knee and ankle)The fire department was	ALEXIAN VILLAGE OF TEN	NESSEE		671 ALEXIAN WAY		
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notified for assistance." RN #1 reviewed the Nursing Progress Notes and witness statement, written by RN #1, and confirmed the following injuries were observed by RN #1 from the resident's fall: 1. Left lateral torso-abrasion going into the axilla (armpit); 2. Abdomen-(belly)-abrasion; 3. Right hip and buttock area-abrasion and brulsing; 4. Right lateral lower extremity (leg)-three-to-four lacerations; 5. Right thigh (upper leg), anterior (front)-large bruise; 6. Right elbow and forearm (part of arm between elbow and hand)-large bruise; 7. Right lateral calf-three-to-four inch laceration Continued interview with RN #1 confirmed RN #1 was aware the resident was a total assist and	by (CNA #1's) self at 6:00 a.m.), the (resident) fell from the facility failed to Interview with RN 11:15 a.m., in the "On the morning of #1 was on seventifloor), and told that and had fell from neurological statu person, place, time changes. There will floor was a cut of bleeding right late knee and ankle) notified for assistat Nursing Progress written by RN #1, injuries were observed ent's fall: 1. Left lateral tors (armpit); 2. Abdomen-(belling) Right hip and bis brulsing; 4. Right lateral low lacerations; 5. Right thigh (upp bruise; 6. Right elbow and elbow and hand)-lateral callow and hand)-lateral callow interview.	f, with toileting (on July 9, 2012, care plan was not followed and in the bed." RAIC #2 confirmed to follow the resident's care plan. #1 on February 13, 2013, at conference room, confirmed, of July 9, 2012, I was called (RN in floor; resident was on sixth at (resident) was on the floor, the bed. I assessed (resident's) swas alert, and oriented x3 (to it is) in the interest of the conference of the plant was allowed the interest of the conference of the c		B2		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 Continued From page 14 F 282 defined "total assist" as "required the assist of two or more staff." RN #1 confirmed to have observed only one CNA providing assistance to the resident, prior to the resident's fall. "I have seen one CNA assisting the resident...The CNA's knew not to provide ADL's with one CNA...but some did...It was not safe for the resident to be assisted by only one CNA..." Continued interview with RN #1 confirmed, "I did not report the CNA's non-compliance with the resident's required assistance to the Chief Nursing Officer (CNO), or Administrator...I didn't report it to anyone...I didn't do any disciplinary action or in-servicing was provided in response to the CNA's who were non-compliant with the resident's required assistance of two..." RN #1 confirmed the facility failed to ensure the resident received supervision and assistance to prevent the fall on July 9, 2012. Interview with the Physician on February 13, 2013, at 2:30 p.m., in the conference room, confirmed the Physician had completed a Fellowship in Geriatric Medicine, and had provided Physician services to the resident for over one and one-half years. "The resident was chronically anemic secondary to Chronic Kidney Disease, and was being treated with Aranesp, which required routine weekly monitoring of the resident's hemoglobin. The resident's hemoglobin historically ranged between 8.0-9.0; with one occasion of a false-low. On (July 9, 2012), the day of the fall, (resident) had a routine hemoglobin, which came back critically low, with a result of 6.4. Due to the previous false-low, I

ordered a Stat repeat (of the hemoglobin). The repeat (blood specimen) was difficult for the nurses to obtain from the resident, but once successfully obtained, the result remained

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you would run yourself to death going from side-to-side. It was quicker if two did it (changed

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AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 282 Continued From page 16 F 282 the bed). We had the kardex and care plan...l knew it took two people but I just thought I could get it done by myself and move on. Continued interview with CNA #5 confirmed, "On the morning of the fall (July 9, 2012), I was in a room beside of (resident's) room...I heard the loudest noise and I thought, 'God, I hope nobody fell out of bed.' About that time, (CNA#1) came rushing through the door (where CNA #5 was)...screaming, '(CNA #5)! (Resident) fell out of bed!' (Resident) was on the floor; (CNA #1) stayed with (resident) while I got help...I called upstairs and said, 'We need somebody down here now! We've got a resident in an incident and need somebody NOW!' (Resident) looked pitiful lying there. (RN #1) came down. EMS and the fire department responded to the call for help. The fire department had to help us get (resident) up...we got (resident) onto a bed pad and little-by-little, we were able to get (resident) onto a floor mat. Once on the mat, at least ten firemen, maybe more, lifted the resident to the bed. (Resident's) leg was messed up...cut...there was blood...we just had to get (resident) up...it was awful...it was pltiful." Interview with RN #2 on February 13, 2013, at 8:00 p.m., in the conference room, confirmed RN #2 routinely provided the care and services, and supervision of (resident). "(Resident) went 'down-hill' in 2011...had declined and required the assistance of two people. I was quite surprised...shocked...when I found out (resident) had fallen (on July 9, 2012), when only one CNA had attempted to assist (resident) with care. I didn't realize or even think it could be done, and obviously, it shouldn't have. Continued interview

with RN #1 confirmed, "It was not safe for one to

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Interview by telephor 14, 2013, at 12:52 p previous CNO, at the July 9, 2012). (Resiassist with turning an (resident's) assist let kardex'assist of two was a very serious ethoroughly" Conting confirmed no one, to reported observing a non-compliant regard assistance with (resit to provide the care the Interview by telephor 14, 2013, at 6:42 p.n provided assistance staff, after the reside 9, 2012. (Resident's (resident) was in a lot (Resident) refused to (resident) anxiety and helped(resident) cathe day went on, (resident) died. (Residen	urning, incontinence carethe as so much greater." ne with RN #3 on February .m., confirmed, "I was the e time of (resident's) fall (on dent) was a two-person nd incontinence care and vel was on the vo.' I recall this because it eventwe investigated it nued interview with RN #3 or include (RN #1), had any CNA's who were ding using the required ident). "The facility neglected he resident needed." ne with LPN #3 on February n., confirmed LPN #3 to the resident and nursing ent's fall from the bed on July ent's fall from the bed on J	F	282			

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(X4) ID PREFIX TAG	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)) BE	(X5) COMPLETION DATE
	confirmed, "I was 'b incident with assist care on July 9, 2012 it, and my memory orientation to use the assist needs the resident). I was trained toward me, I knew (resident) was peopleI just felt like myself. There was they would have if I didn't ask them. Will (on July 9, 2012), (repull (resident) to me get (resident) over a (resident's) bottom upushed (resident) over a (resident) was going (Resident) was in an impossible for me to (resident's) fall. (Resee over (resident's) fall. (Resee over (resident's) (resident's) hand was continued interview was never meaning been seven months caught off-guard who night (February 12, 2 about it and I wanted Interview with the CI 2:00 p.m., in the continued has since held various it and I wanted the continued has since held various in the continued was since held	colurry' in my recall of the ing (resident) with incontinence 2. I've had time to think about is now clear. I was trained in the kardex to find the care and sidents' needed, including ained to always turn the as needed the assist of two ke I could do (resident) by staff here to help me, and had asked them; but I just then I was changing (resident) resident) was too big for me to be I had to push (resident) to and to be on the side where was to clean it. When I was at this point I noticed it was at this point I noticed gover (falling out of the bed). In over-sized bed and it was to get around the bed to break as not on the side rail. With CNA #1 confirmed, "I to lie to you about this. It has and I had to re-think it. I was then I talked to you Tuesday 2013). I've had time to think]	282			

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Continued interview confirmed, "(CNA #1) failed to provide the correct turning technique and failed

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F 282 Continued From page 20 F 282	PREFIX	{EACH DEFICIENCY	MUST BE PRECEDED BY FILL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
to provide the correct amount of assistance required for (resident) and the resident fell from the bed (on July 9, 2012). (RN #1) failed to ensure the required supervision to ensure the safety of (resident). The Administrator confirmed the facility failed to ensure (resident #1) received the required supervision and assistance to prevent the fail on July 9, 2012. In summary, CNA #1, failed to follow the resident's care plan and obtain the required assistance when turning and attempting to provide incontinence care to the resident, resulting in a fail with injury from the bed on July 9, 2012, at 6:00 a.m. The Immediate Jeopardy was effective from July 9, 2012, through February 20, 2013, and was removed on February 20, 2013. An Acceptable Allegation of Compliance, which removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyor through review of documents, staff interviews, and observations conducted onsite on February 21, 2013. The surveyor verified the corrective actions by: 1. Reviewing the facility's in-service records to ensure all nursing staff had been educated on neglect, assistance levels; 2. Reviewing the facility's in-service records to ensure all nursing staff knew where the residents' care plans are and how to use them; 3. Reviewing the facility's in-service records to ensure all nursing staff knew where the residents' care plans are and how to use them;		to provide the corre- required for (resider the bed (on July 9, 2 ensure the required safety of (resident). the facility failed to e the required supervi- prevent the fall on J In summary, CNA # resident's care plan assistance when tur provide incontinence resulting in a fall with 9, 2012, at 6:00 a.m The Immediate Jeop 9, 2012, through Fel removed on Februal Allegation of Compli immediacy of the jec corrective actions we through review of do and observations co 21, 2013. The surve actions by: 1. Reviewing the face ensure all nursing st neglect, assistance was positioning a residen assistance levels; 2. Reviewing the face ensure all nursing st care plans are and h	ct amount of assistance int) and the resident fell from 2012). (RN #1) failed to supervision to ensure the The Administrator confirmed ensure (resident #1) received ision and assistance to fully 9, 2012. 1, failed to follow the and obtain the required raing and attempting to e care to the resident, in injury from the bed on July bruary 20, 2013, and was ry 20, 2013. An Acceptable fance, which removed the copardy, was received and ere validated by the surveyor bruments, staff interviews, anducted onsite on February eyor verified the corrective collity's in-service records to aff had been educated on with ADL's, turning and int, and non-compliance with the collity's in-service records to aff knew where the residents' now to use them;	F	282			

STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER N VILLAGE OF TENNE	SSEE	·	6	REET ADDRESS, CITY, STATE, ZIP CODE 571 ALEXIAN WAY BIGNAL MOUNTAIN, TN 37377	1 021	2 (/2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
	ensure all CNA staff electronic care plan 4. Reviewing the far ensure all licensed in educated on and the facility's policy and produced the provided in the facility's policy and produced in the provided in the facility's policy and produced in the produced in the provided in the facility's policy and produced in the provided in the facility's policy and produced in the provided in the facility is possible. 5. Reviewing the conformal intervition of comprehense education conducted in the provided in the	f had been educated on the system; cility's in-service records to nursing staff had been e implementation of the procedure on "Special ment Challenges related to prective actions implemented not staff, (RN #1, CNA's #1, #4, wiews with eight of nineteen of employed to determine the sion gained through in-service doregarding facility policies on with ADL's, turning and not, care plans, not, (a) the supervision of the polyed to determine the sion gained through in-service doregarding facility policies on ect, ADL's, turning and ect, ADL's, turning and ect, ADL's, turning and	F	282			

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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N VILLAGE OF TENNE	SSEE		671 ALEXIAN WAY .		
EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION	
]		F 282	2		
Non-compliance comonitoring corrective	ntinues at a "D" level for				
483.25(h) FREE OF HAZARDS/SUPER\ The facility must en:	VISION/DEVICES sure that the resident	F 323	HAZARDS/SUPERVISION/DEVICES Resident #1 expired July 9, 2012. The conducted a Root Cause Analysis on July 12. Recommended actions were reviewed and imple	facility , 2012.	
as is possible; and e	each resident receives		environment remains free of hazards as reas possible and each resident received supervisic assistance devices to prevent accidents. Residents requiring the assistance of two persons	sonably on and	
by: Based on medical r investigation, review interview, the facility and safe assistance resident (#1) of eigh	ecord review, review of facility of facility in-service, and failed to provide supervision to prevent a fall for one t residents reviewed.		bed mobility have been, and will continue identified through mursing assessments and through camination of MDSs and Care Plans. Idea residents have been, and will continue to be, or into the Electronic Activities of Daily (EADL)/Kardex/Care Plan systems to cue si resident needs. Director of Nursing or designee(sprovided education for the nursing staff relative persons for bed mobility, compliance with the reare plan, proper techniques for turning and positions.	to be, ogh the entified entered Living taff to a) have sled to of two estident thousand	
supervised and safe when turning the bed with fall from the bed with sudden death on Jul failure placed reside (situation in which a with one or more red has caused, or is like harm, impairment or	assistance was provided dridden resident resulted in a multiple bodily injuries and y 9, 2012. The facility's nt #1 in Immediate Jeopardy provider's noncompliance juirements of participation ely to cause serious injury, death).		concerning the proper assessment of residen required assistance with turning and the en accurate and consistent information in the Karde Plan/MDS systems (documentation of staff atter was incomplete; therefore, repeat in-service tr was conducted and fully documented on Februar 2013). (continued next page) Care Tracker resident profiles were updated on In 2012 to include the number of staff required to with bed mobility. Director of Nursing or designave provided education for the nursing staff relatence on the provided education for	its for try of x/Carc indance raining try 20, try 23, assist thec(s) ated to of two	
	PROVIDER OR SUPPLIER N VILLAGE OF TENNE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa and electronic care Non-compliance co monitoring correctiv C/O #30155 483.25(h) FREE OF HAZARDS/SUPERV The facility must enenvironment remain as is possible; and eadequate supervision prevent accidents. This REQUIREMEN by: Based on medical r investigation, review interview, the facility and safe assistance resident (#1) of eigh The facility's failure of supervised and safe when turning the ber fall from the bed with sudden death on Jul failure placed reside (situation in which a with one or more rec has caused, or is like harm, impairment or	PROVIDER OR SUPPLIER N VILLAGE OF TENNESSEE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 and electronic care plan system; Non-compliance continues at a "D" level for monitoring corrective actions. C/O #30155 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced	PROVIDER OR SUPPLIER N VILLAGE OF TENNESSEE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 22 and electronic care plan system; Non-compliance continues at a "D" level for monitoring corrective actions. C/O #30155 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation, review of facility in-service, and interview, the facility failed to provide supervision and safe assistance to prevent a fall for one resident (#1) of eight residents reviewed. The facility's failure to ensure resident #1 was supervised and safe assistance was provided when turning the bedridden resident resulted in a fall from the bed with multiple bodily injuries and sudden death on July 9, 2012. The facility's failure placed resident #1 in Immediate Jeopardy (situation in which a provider's noncompliance with one or more requirements of participation has caused, or is likely to cause serious injury, harm, impairment or death).	PROVIDER OR SUPPLIER 1 445123 1 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377	

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 23 F 323 informed of the Immediate Jeopardy in the the residents, and the required reporting of any Conference Room on February 20, 2013, at 1:35 noncompliance. The facility staff member involved p.m. with Resident #1's care was promptly counseled regarding required compliance with the Kardex/Care Substandard Quality of Care was cited under tag Plan/MDS systems and the proper turning/transfer F-323 at a scope and severity level of a "J." technique. This staff member was subsequently suspended. RN#1 was counseled regarding the need to immediately report and correct staff non-compliance The findings included: with resident's plan of care and subsequently was suspended and required to take an online course Resident #1 was admitted to the facility on April 7, regarding supervisory skills. 2008, and readmitted on December 8, 2011, with The Director of Nursing or designee(s) will conduct diagnoses including Morbid Obesity; Chronic weekly checks for 30 days to ensure accuracy and Obstructive Pulmonary Disease; Dyspnea; consistency of the Kardex/Care Plan/MDS entries, the dependent oxygen supplement; Acute Cor CNAs' documentation in the EADL, and will visually Pulmonale; Heart Failure; Chronic Kidney observe and interview nursing staff to monitor compliance. The Director of Nursing or designec(s) Disease; Chronic Anemia; Hypertension; will report findings to the QAA Committee and the Noninfectious Lymphedema; and Degenerative CEO of the facility. Based on these findings, the QAA Joint Disease. Committee, together with the CEO, will determine whether any additional corrective actions, and additional monitoring is required, and assure implementation of the same. The CEO will report on Medical record review of an Advanced Directive for Health Care, dated February 11, 2011, signed compliance with the Plan of Correction to the Board of by the resident (as declared by two different Directors (the "Quality Council"), which has oversight witnesses), revealed, "...l, (resident), have made responsibilities for quality resident services and for this document to set forth my treatment assurance of compliance with regulations and standards of governmental organizations. instructions...in case of my incapacity. As a student of the Holy Scriptures I direct that NO 03/08/13 TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma be given me under any circumstances, even if the health care providers believe that such are necessary to preserve my

or other instructions...'

life...I give no one...any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood

Medical record review of a hospital History and

STATEMENT AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF R	ROVIDER OR SUPPLIER	770120	0, 11110	_		02/	21/2013
	VILLAGE OF TENNE			6	REET ADDRESS, CITY, STATE, ZIP CODE 371 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		
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F 323	resident was transfe hospital and treated Medical record revie Note dated December revealed the resider hospital back to the 8, 2011. Continued Progress Note dated the resident stated th	ember 5, 2011, revealed the erred and admitted to the error experson and experson and error experson after discussion with error experson exp	F	323			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	(Certified Nursing A dated December 8, following intervention resident as a part of careToileting (Pleareview revealed the for toileting (still cur "Assist of 2 (two states) Medical record reviets, 2012, and May 30 resident's cognition fifteen but; remained two or more staff. The revealed 469 pound respectively. Medical record reviets Recapitulation Orders 31, 2012, revealed, production of red bled disease-associated (micrograms), sub-casion, every week" the resident's hemosy the hemoglobin waten, the Aranesp wareview of the hemoglobin levels range 12.0-16.0).	ew of the Resident Kardex assistant (CNA) Care Plan), 2011, revealed, "The ons are to be provided to the fhis/her individual plan of ase Circle)" Continued required circled intervention rent at the time of the fall) was off)." ew of the MDS's dated March 0, 2012, revealed the had improved to a score of ditally dependent and a the physical assistance of the resident's body weight is and 476 pounds, ew of the Physician's ers, dated July 1 through July "Aranesp (stimulates the bod cells for chronic kidney anemia), inject200 mcg an (subcutaneous; under the carry oxygen throughout the alined routinely, every week, as equal to, or greater than is to be held. Medical record allobin tests obtained January	F 3	323			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	SSEE		STREET ADDRESS, CITY, STATE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD O TO THE APPROPE CIENCY)	BE	(X5) COMPLETION DATE
F 323	resident "fell off the The "Type of Injury" the following injuries (scraped)bruise The documentation "neurochecks." The ten, on a scale of or worse. Continued resident) lost grip of momentum over the Review of a Root C revealed, "What sevent? Associate un aloneWhat human outcome? One CN rounds. Resident's me kind of fast'Archave directly influent Resident's wt (weight Review of a written 9, 2012, by (CNA#1 change (resident) for would leave. Told (into turn (resident) un (resident) to (resident) to (resident) was goid (resident) but (resident) was goid (resident) but (resident) was to (too) late" Review of a written 9, 2012, by Register "'As told by res aft drying me. (CNA#1 (kind of) fast. As (C	approximately 6:00 a.m., the bed during am (a.m.) care." 'section with check boxes had so checked, "abrasion laceration (cut)painother." after "other" included eresident's reported pain was ne-to-ten, with ten being the review revealed, "res of side rails and continued erside of the bed" ause Analysis (no date) attended this duty of factors were relevant to the A assisting the resident during tated that '(CNA #1) moves er there any other factors that	F	323			

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF F	ROVIDER OR SUPPLIER			_		02/	21/2013
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	slipped off the rail, moving I fell off the my leg hit something pain to my leg, the roll of the my leg hit something pain to my leg, the roll of the my leg hit something pain to my leg, the roll of the my leg hit something pain to my leg, the roll of the my leg hit something pain to my leg hit something pain to my leg hit something pain to my leg hit something to	Because I was already bed. I know g because I had a lot (a lot) of ight one (right leg)" ew of a Nursing Progress Note 2012), by RN #1 revealed the vas alerted to a 'big problem I arrived to the 6th floor to aying on the floor of floor was wet with liquid clome red. Res (resident's) L on top of (roommate's) a was removed for resident's t x (times) 3 (three) but very cal) Fire Depart (department) of (resident) up off the floor. I to let (physician) know of 3-4 acceration to R (right) lateral to go to hospital. Resuring assmt (assessment). The department of the department of the department of the department of the floor. I consider the department of the floor of the floor. I consider the floor of	F	323			
	elbow & RFA (right fo	prearm). Abrasion noted to					

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	ABD (abdomen). A (bruise) to R hip/but area-Abrasion note the body to which the attached)to axilla. to RLE laterally. La exerform (xeroform c Kerlix (gauze roll). 815 (8:15 a.m.), "Sp office)bringing a shere about 9A (9:00 Medical record revie Note dated July 9, 2 had a fall in the earl bruises to the right to four inch laceration extremity; numerous (right or left not identified), a resident was compla (right or left not identified), and was anxilaceration. The lace (edges of the lacera and eight sutures with Medical record revier Telephone Orders of the following orders: 1. X-ray of the right 2. Clean incision (laceration (laceration)).	bsion (abrasion) & bruis ttock (hip and buttock) d to L lateral torso (the part of he head, arms, and legs are3-4 (three-to-four) laceration c cleaned & covered c ; gauze), ABD pad & wrapped" boke with (Physician uture kit(physician) will be a.m.)." ew of a Physician's Progress 2012, revealed the resident y morning. Injuries included high; a three and one-half to on the right lateral lower abrasions on the shoulder of tiffied), axillary region (right or bdomen, and right hip. The taining of pain in the thigh diffied), and revealed, "I i." The resident complained ing (unproductive effort to ious due to the fall and eration was cleaned, locally tion) anesthetized (numbed), are placed. ew of the Physician's ated July 9, 2012, revealed thigh, leg, and foot; aceration) on right leg daily apply kerlix and xeroform	F;	323			

NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE STREET ADDRESS, CITY. STATE, ZIP CODE 871 ALEXIAN WAY SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICENCY MUST BE PRECEDED BY PULL RESULATIONY OR LSC DENTETHING INFORMATION) FREEX Continued From page 29 3. Augmentin (antibiotic), 500 milligrams, by mouth, three times daily for five days. Medical record review of the Medication Administration Record, dated July 1 through July 31, 2012, revealed the following: 1. The laceration was cleaned and dressed as ordered, for wound care; 2. Alivan, 0.5 milligrams, was administered by mouth, at 6.45 a.m., for anxiety, 3. Augmentin was started (at 6:00 a.m.), for prevention of infection; 4. Hydrocodone/Acetaminophen, 5 milligrams-325 milligrams, was administered by mouth, at 8.00 a.m., for pain. Medical record review of the X-ray reports dated July 9, 2012, at 1:00 p.m., revealed two radiologic reviews (x-rays) of the right femur, right tibla and fibula, and the right foot, with the following impressions: 1. Femur, "no gross (visible) acute displaced fractures" 2. Tibla and fibula, "no acute displaced fractures" 3. Foot, "no gross acute fractures of the footProminent soft tissue swelling" Medical record review of a routine weekly hemoglobin lab report dated July 9, 2012, at 4:00 p.m., revealed or review of a Physician's Telephone Order dated July 9, 2012, at 4:00 p.m., revealed or revealed or review of a Physician's Telephone Order dated July 9, 2012, at 4:00 p.m., revealed	AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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FREEIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 29 3. Augmentin (antibloito), 500 milligrams, by mouth, three times daily for five days. Medical record review of the Medication Administration Record, dated July 1 through July 31, 2012, revealed the following: 1. The laceration was cleaned and dressed as ordered, for wound care; 2. Ativan, 0.5 milligrams, was administered by mouth, at 6:45 a.m., for anxiety; 3. Augmentin was started (at 8:00 a.m.), for prevention of infection; 4. Hydrocodonel/Acetaminophen, 5 milligrams—325 milligrams, was administered by mouth, at 8:40 a.m., for pain. Medical record review of the X-ray reports dated July 9, 2012, at 1:00 p.m., revealed two radiologic reviews (x-rays) of the right femur, right tibla and fibula, and the right foot, with the following impressions: 1. Femur, "no gross (visible) acute displaced fractures" 2. Tible and fibula, "no acute displaced fractures" Medical record review of a routine weekly hemoglobin lab report dated July 9, 2012, collected at 8:40 a.m., revealed a result of 6.4, (a 2.3 drop from the previous hemoglobin of 8.7 obtained on July 2, 2012). Medical record review of a Physician's Telephone			SSEE		671	1 ALEXIAN WAY	021	21/2013
3. Augmentin (antibiotic), 500 milligrams, by mouth, three times daily for five days. Medical record review of the Medication Administration Record, dated July 1 through July 31, 2012, revealed the following: 1. The laceration was cleaned and dressed as ordered, for wound care; 2. Atiwan, 0.5 milligrams, was administered by mouth, at 6:45 a.m., for anxiety; 3. Augmentin was started (at 8:00 a.m.), for prevention of infection; 4. Hydrocodone/Acetaminophen, 5 milligrams-325 milligrams, was administered by mouth, at 8:00 a.m., for pain. Medical record review of the X-ray reports dated July 9, 2012, at 1:00 p.m., revealed two radiologic reviews (x-rays) of the right femur, right tibla and fibula, and the right foot, with the following impressions: 1. Femur, "no gross (visible) acute displaced fractures" 2. Tibla and fibula, "no acute displaced fractures" 3. Foot, "no gross acute fractures of the footProminent soft tissue swelling" Medical record review of a routine weekly hemoglobin lab report dated July 9, 2012, collected at 8:40 a.m., revealed a result of 6.4, (a 2.3 drop from the previous hemoglobin of 8.7 obtained on July 2, 2012). Medical record review of a Physician's Telephone	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
		3. Augmentin (antite mouth, three times mouth, three times Medical record reviet Administration Records 1, 2012, revealed 1. The laceration wordered, for wound 2. Ativan, 0.5 millig mouth, at 6:45 a.m. 3. Augmentin was a prevention of infection 4. Hydrocodone/Ac milligrams-325 milligmouth, at 8:00 a.m., Medical record reviet July 9, 2012, at 1:00 reviews (x-rays) of the fibula, and the right impressions: 1. Femur, "no groof fractures" 2. Tibia and fibula, "fractures" 3. Foot, "no gross footProminent soft Medical record reviet hemoglobin lab repocollected at 8:40 a.m. 2.3 drop from the probationed on July 2, 2 Medical record reviet medic	piotic), 500 milligrams, by daily for five days. Ew of the Medication ord, dated July 1 through July the following: Eas cleaned and dressed as care; rams, was administered by for anxiety; started (at 8:00 a.m.), for on; etaminophen, 5 grams, was administered by for pain. Ew of the X-ray reports dated p.m., revealed two radiologic he right femur, right tibia and foot, with the following acute fractures of the tissue swelling" W of a routine weekly rt dated July 9, 2012, a., revealed a result of 6.4, (a evious hemoglobin of 8.7 2012). W of a Physician's Telephone	F3	23			

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER		0, 1, 1, 1	STREET ADDRESS, CITY, STATE, Z 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37		02/	21/2013
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	orders for a Stat (imhemoglobin and to dresults. Medical record reviet dated July 9, 2012, "Rovd (received) ovalue(hemoglobin time non responsive observable. Called occurred at 8:10 p.m. signs), b/p (blood pr. (left message) with a (Medical Doctor). R CNA called for the n. (no) resp. Supervisia arrived in facility app. p.m. & was made av Medical record reviet 2012, revealed the revious hemoglobin 8:40 a.m. Medical record reviet revieus hemoglobin 8:40 a.m. Medical record reviet revealed the 66 year of death were on Julimmediate cause of death due to question secondary to fall." Review of facility in-spaily Living) Assistan November 23 throug revealed, "Explainte each care level means	ge 30 Immediately) repeat of the call the Physician with the call from (hospital) labcritical (half)4.6Observed res at that concept (respiration) was familyto notifythis in Difficult to obtain vs (vital cessure) 66/40, pulse 51. LM canswering service for MD concept (regarding)hemoglobin. curse 8:20 p.m., to observe 0 for called to room. Family for called the concept dated July 9, sepeat hemoglobin result was therefore of 1.8 from the conference and time of 6.4 obtained earlier at conference and Kardex, dated in November 30, 2011, and the ADL codingwhat in the terms of type of and the amount of staff	F	323			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ COMPLETED 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE** SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 323 Continued From page 31 F 323 needed for the assistance...Explained the new kardex system. Instead of looking in the care plan book a Kardex notebook will be located at each nurse's station for each hall...The Kardex book will contain an information sheet on each resident to provide the level of assistance needed in ADL's...check this book prior to assisting any resident. This will begin December 1, (2011)..." Interview with CNA #1 on February 12, 2013, at 5:30 p.m., in the conference room, confirmed, "...I went into the resident's (#1) room to change (provide incontinence care)...(resident) just before the end of the shift. (Resident) was a big woman and I had to take both of my hands and push (resident) hard, with a lot of force, because resident was so big." As CNA #1 described "pushing" the resident, CNA #1 held both hands up, and with the palms of both hands facing forward, demonstrated a pushing gesture using both hands. "I didn't ask anybody to help me...I did it by myself (turned the resident)...When I pushed (resident) over, I couldn't see the opposite side of (resident) because (resident) was so big...when (resident) was turned. (resident) went over so hard and fast, I couldn't stop (resident)...As (resident) went over, (resident) hit (resident's) head on the night stand...there was a huge knot on her forehead (CNA #1 reached up and touched the right side of CNA #1's forehead)...I think the right side of (resident's) forehead...(resident) landed on the bottom (metal base of the table) of the over-the-bed table...there was blood on the floor from a gash on (resident's) right lower leg, and it

was (resident's) bad leg...the one that hurt (resident) all the time. I should have had someone helping me. Before I went out to get

NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSE (X4) ID (ACH) DEFICIENCES (ACH) DEPICIENCES (ACH) DEPICIENCES (ACH) DEPICIENCES (ACH) DEFICIENCES	AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MU A. BUILD	ILTIPLE CONSTRUCTION DING	(×	(X3) DATE SURVEY COMPLETED	
ALEXIAN VILLAGE OF TENNESSEE STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SUMMARY STATEM TO PERFICIENCIES (CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) F 323 Continued From page 32 help, I made sure (resident) was breathing. (CNA #5) was in a nearby roomI hollered (called out loud) (CNA #5)!		_	445123				_	
PREFIX TAG REGULATORY OR LSC IDENTIFYING NFORMATION) F 323 Continued From page 32 help, I made sure (resident) was breathing. (CNA #5) was in a nearby roomI hollered (called out loud) '(CNA #5)'because I knew (CNA #5) was in a nearby roomI hollered (called out loud) '(CNA #5)'because I knew (CNA #5) wasn't far from me(CNA #5) came in and I stayed with (resident) while (CNA #5) went to get the nurse(RN #1), Licensed Practical Nurse (LPN #3), (CNA #5), and meyself were looking at (resident) trying to figure out how we were going to get (resident) off of the over-the-bed table room under (resident)We were talking to (resident) (resident) was in pain(LPN #3) got (resident) (resident) said (resident) couldn't breathe (guident) was not pain(LPN #3) got (resident) (resident) said (resident) couldn't breathe (guident) calm down with the Ativan. By this time the fire department was looking for a lift to get (resident) back into the bed They had to use a rug from downstairs, like a big mat you use to wipe your feet on. First they used a bed pad, rolling (resident) back into the bed They had to use a rug from downstairs, like a big mat you use to wipe your feet on. First they used a bed pad, rolling (resident) up and over until they got (resident) onto the rug, Once on the rug, the fire department got (resident) up and over until they got (resident) up and over until they got (resident) up and over until they got (resident) was no spensible] pushed (resident) overl couldn't see (resident) had lost (resident's) hand grip Loudin't see (resident's) hand grip Loudin't see (resident) in a lost of the resident required the assistance of two for tolleting and "Nobody in-serviced (educated) me or gave me any disciplinary action."			ISSEE	J	STREET ADDRESS, CITY, STATE, ZIP COD 671 ALEXIAN WAY	<u></u> [02/21/2013	
help, I made sure (resident) was breathing. (CNA #5) was in a nearby roomI hollered (called out loud) (CNA #5)"because I knew (CNA #5) wasn't far from me(CNA #5) came in and I stayed with (resident) while (CNA #5) went to get the nurse(RN #1), Licensed Practical Nurse (LPN #3), (CNA #5), and myself were looking at (resident) trying to figure out how we were going to get (resident) off of the over-the-bed table (RN #1), (CNA #5), and me pulled (resident) over as (LPN #3) pulled the over-the-bed table from under (resident)We were talking to (resident) (resident) was in pain(LPN #3) got (resident) some Ativan to help (resident) calm down (resident) said (resident) couldn't breatheI guess it was an anxiety attack(resident) calmed down with the Ativan. By this time the fire department was thereThe fire department was looking for a lift to get (resident) back into the bedThey had to use a rug from downstairs, like a big mat you use to wipe your feet on. First they used a bed pad, rolling (resident) side-to-side until it (bed pad) was under (resident)then went 1-2-3, and lifted (resident) up and over until they got (resident) onto the rugOnce on the rug, the fire department got (resident) onto the bed (Physician) told me it was an accident that ended badI was responsibleI pushed (resident) overl couldn't see that (resident) onto the bed (resident's) hand gripI couldn't see (resident's) hand gripI couldn't see (resident's) interview revealed CNA #1 denied knowing the resident required the assistance of two for toileting and "Nobody in-serviced (educated) me or gave me any disciplinary action."	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FIRE	PREF	EX (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE		
Coordinator (RAIC) #1 on February 13, 2013, at		help, I made sure (r #5) was in a nearby loud) '(CNA #5)!'b wasn't far from me stayed with (resident the nurse(RN #1), (LPN #3), (CNA #5), (resident) trying to ft to get (resident) off (RN #1), (CNA #5), as (LPN #3) pulled tunder (resident)W (resident) was in pasome Ativan to help (resident) said (resident) said (resident) said (resident) said (resident) said (resident) for a lift to go bedThey had to use a big mat you use to used a bed pad, rolli until it (bed pad) was 1-2-3, and lifted (resident) onto the fire department got ((Physician) told me is badI was responsioverI couldn't see (resident's) hand griphand(resident) was interview revealed C resident required the toileting and "Nobod or gave me any discillaterview with Reside interview with Reside interv	resident) was breathing. (CNA room! hollered (called out recause I knew (CNA #5)(CNA #5) came in and I ht) while (CNA #5) went to get Licensed Practical Nurse, and myself were looking at igure out how we were going of the over-the-bed table and me pulled (resident) over the over-the-bed table from le were talking to (resident) in(LPN #3) got (resident) (resident) calm down dent) couldn't breatheI iety attack(resident) calmed h. By this time the fire reThe fire department was set (resident) back into the se a rug from downstairs, like to wipe your feet on. First they ing (resident) side-to-side sunder (resident)then went ident) up and over until they he rugOnce on the rug, the (resident) onto the bed it was an accident that ended bleI pushed (resident) that (resident) had lost pI couldn't see (resident's) is so big" Continued in the continued in the couldn't see (resident's) is so big" Continued in the couldn't see (resident's) is so big" Continued in the couldn't see (resident's) is so big" Continued in the couldn't see (resident's) is so big	F	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
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STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	10:30 a.m., in the of the resident was a toileting, and trans assistance of two of was on the care plifor resident-specificare); and the kard were trained and resident specific in Interview with RN # 11:15 a.m., in the of "On the morning of #1 was on seventh floor), and told that and had fell from the neurological status person, place, time changes. There we floorwas a cut on bleedingright late knee and ankle) In notified for assistan Nursing Progress	conference room, confirmed total assist with turning, ferring, and required the or more staff. "The information an and the kardex (a reference c information related to nursing lex is CNA-based. All CNA's equired to use the kardex for formation." If on February 13, 2013, at conference room, confirmed, July 9, 2012, I was called (RN floor; resident was on sixth (resident) was on the floor, ne bed. I assessed (resident's)was alert, and oriented x3 (to 1)no neurological distress or as bloody fluid in the the (resident's) leg that was ral calf (side area between the fire department was nee." RN #1 reviewed the lotes and witness statement, and confirmed the following ved by RN #1 from the	F 323			

AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	elbow and hand)-lar 7. Right lateral calf- Continued interview was aware the resid defined "total assist" or more staff." RN is observed only one of the resident, prior to seen one CNA assis knew not to provide some did	rige bruise; -three-to-four inch laceration with RN #1 confirmed RN #1 lent was a total assist and "as "required the assist of two #1 confirmed to have CNA providing assistance to the resident's fall. "I have sting the residentThe CNA's ADL's with one CNAbut to safe for the resident to be c CNA" Continued interview ad, "I did not report the CNA's the resident's required field Nursing Officer (CNO), or to treport it to anyoneI didn't totion or in-servicing was to the CNA's who were the resident's required RN #1 confirmed the facility resident received supervision event the fall on July 9, 2012. The conference room, cian had completed a fic Medicine, and had thervices to the resident for all years. "The resident was econdary to Chronic Kidney aing treated with Aranesp, the weekly monitoring of the fin. The resident's ally ranged between 8.0-9.0:	F3	323	DEFICIENCY)		
	2012), the day of the	a false-low. On (July 9, fall, (resident) had a routine ame back critically low, with					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445123		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE				STREET ADDRESS, CITY, STATE, Z 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 33		1 021	21/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 323	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)		F3	323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE** SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 36 F 323 If (resident's) bed needed changing, I always got another person to help because you would not be able to reach across the bed; it was too big and you would run yourself to death going from side-to-side. It was quicker if two did it (changed the bed). We had the kardex and care plan...I knew it took two people but I just thought I could get it done by myself and move on. Continued interview with CNA #5 confirmed, "On the morning of the fall (July 9, 2012), I was in a room beside of (resident's) room...I heard the loudest noise and I thought, 'God, I hope nobody fell out of bed.' About that time, (CNA#1) came rushing through the door (where CNA #5 was)...screaming, '(CNA #5)! (Resident) fell out of bed! (Resident) was on the floor; (CNA#1) stayed with (resident) while I got help...I called upstairs and said, 'We need somebody down here now! We've got a resident in an incident and need somebody NOW!' (Resident) looked pitiful lying there. (RN #1) came down. EMS and the fire department responded to the call for help. The fire department had to help us get (resident) up...we got (resident) onto a bed pad and little-by-little, we were able to get (resident) onto a floor mat. Once on the mat, at least ten firemen, maybe more, lifted the resident to the bed. (Resident's) leg was messed up...cut...there was blood...we just had to get (resident) up...it was awful...it was pitiful," Interview with RN #2 on February 13, 2013, at 8:00 p.m., in the conference room, confirmed RN #2 routinely provided the care and services, and supervision of (resident). "(Resident) went 'down-hill' in 2011...had declined and required the assistance of two people. I was quite surprised...shocked...when I found out (resident)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE				6	REET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377	<u> </u>	21/20/13
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	(X5) COMPLETION DATE
	had attempted to as didn't realize or eve obviously, it shoulds with RN #1 confirms assist (resident) in the potential for harm with the previous CNO, at the July 9, 2012). (Resident's) assist with turning a (resident's) assist of the was a very serious of the the the potential form the potential form the potential form the day went on, (resident) continued the day went on, (resident) died. (Resident) contain the assist. This was all to obtain the assistance used the inapproprial	2, 2012), when only one CNA sist (resident) with care. In think it could be done, and o't have." Continued interviewed, "It was not safe for one to urning, incontinence carethe was so much greater." The with RN #3 on February o.m., confirmed, "I was the etime of (resident's) fall (on ident) was a two-person and incontinence care and evel was on the wo." I recall this because it eventwe investigated it nued interview with RN #3 or include (RN #1), had any CNA's who were eding using the required	F	323			

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE** SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION ΙD (X5) COMPLETION DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 38 F 323 CNA (#1) (instead of toward CNA #1)..." A second interview with CNA #1 on February 15, 2013, at 12:15 p.m., in the conference room. confirmed, "I was 'blurry' in my recall of the incident with assisting (resident) with incontinence care on July 9, 2012. I've had time to think about it, and my memory is now clear. I was trained in orientation to use the kardex to find the care and assist needs the residents' needed, including (resident). I was trained to always turn the resident toward me, never to turn away from me. I knew (resident) was needed the assist of two people...l just felt like I could do (resident) by myself. There was staff here to help me, and they would have if I had asked them; but I just didn't ask them. When I was changing (resident) (on July 9, 2012), (resident) was too big for me to pull (resident) to me. I had to push (resident) to get (resident) over and to be on the side where (resident's) bottom was to clean it. When I pushed (resident) over, I took my hands off of (resident) to get the brief ready; then I proceeded to clean (resident). It was at this point I noticed (resident) was going over (falling out of the bed). (Resident) was in an over-sized bed and it was impossible for me to get around the bed to break (resident's) fall. (Resident) was too big for me to see over (resident's) body and see that (resident's) hand was not on the side rail. Continued interview with CNA #1 confirmed, "I was never meaning to lie to you about this. It has been seven months and I had to re-think it. I was

caught off-guard when I talked to you Tuesday night (February 12, 2013). I've had time to think

Interview with the CNO on February 15, 2013, at

about it and I wanted to clear this up."

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING _ COMPLETED 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 323 Continued From page 39 F 323 2:00 p.m., in the conference room, confirmed the CNO began working for the facility in 1998, and has since held various positions, to include: MDS Coordinator, Quality Assurance Coordinator, Quality Assurance Director; and most current, CNO. "I personally trained (CNA#1) on using the kardex in November of 2011." Continued interview with the CNO confirmed, "I was the Quality Assurance Director at the time of the resident's fall (on July 9, 2012). I was aware of the fall and completed a root-cause analysis. which identified (CNA #1) failed to ensure the assist of two people when turning and providing incontinence care to the resident. (RN #1) was required to ensure any nursing staff who failed to provide the assistance required for (resident) was disciplined; and was required to ensure reporting of the non-compliance to administration (CNO especially), to ensure education and follow-up...this did not happen..." The CNO confirmed the facility failed to provide the required supervision and assistance to prevent (resident's) fall on July 9, 2012. Interview with the Administrator on February 20.

2013, at 2:00 p.m., in the conference room, confirmed had been made aware of the resident's fall at approximately 7:00 a.m., on July 9, 2012, (approximately one-hour after the fall). "Through investigation initiated (after) the fall, the facility confirmed, the resident was provided incontinence care by one CNA (#1), instead of two CNA's, as required for the safety of the resident. (RN #1) was the 'house supervisor' on July 9, 2012. (RN #1) was responsible for the general oversight of the nursing department on (RN #1's) shift. (RN #1) did not report (to the Administrator) any CNA's being non-compliant

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C 02/21/2013		
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE				6	REET ADDRESS, CITY, STATE, ZIP CODE 571 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377	<u> 021</u>	2112013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL) TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)			(X5) COMPLETION DATE
F 323	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F	323			

PRINTED: 03/05/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ... 445123 B. WING 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY** ALEXIAN VILLAGE OF TENNESSEE SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Continued From page 41 F 323 2. Reviewing the facility's in-service records to ensure all nursing staff knew where the residents' care plans are and how to use them: 3. Reviewing the facility's in-service records to ensure all CNA staff had been educated on the electronic care plan system:

ensure all licensed nursing staff had been educated on and the implementation of the facility's policy and procedure on "Special Handling and Movement Challenges related to Bariatrics;"

4. Reviewing the facility's in-service records to

 Reviewing the corrective actions implemented for the non-compliant staff, (RN #1, CNA's #1, #4, and #5)

- 6. Conducting interviews with eight of nineteen licensed nursing staff employed to determine the level of comprehension gained through in-service education conducted regarding facility policies on neglect, assistance with ADL's, turning and positioning a resident, care plans, non-compliance with, (a) the supervision of resident care, and (b) assistance levels;
- 7. Conducting interviews with nineteen of forty-four CNA staff employed to determine the level of comprehension gained through in-service education conducted regarding facility policies on assistance with neglect, ADL's, turning and positioning a resident, care plans, and non-compliance with required assistance levels;
- 8. Conducting interviews and observations of seven CNA's regarding the use of the electronic

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3)	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377		<u>02/21/2013</u>	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION S	HOULD BE	(X5) COMPLETION DATE	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 care plan system; C. Observing the level of assistance CNA's crovided to five residents requiring the assistance of two, in accordance with the resident's care plan and electronic care plan system; Non-compliance continues at a "D" level for monitoring corrective actions. Refer to F-282 (J). C/O #30155 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the acility; and at least 3 other members of the acility; and at least 3 other members of the acility's staff. The quality assessment and assurance committee meets at least quarterly to identify ssues with respect to which quality assessment and assurance activities are necessary; and levelops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the equirements of this section.			F 520, \$483.75(0)(1), QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS Resident #1 expired July 9, 2012. conducted a Root Cause Analysis on Recommended actions were reviewed an on July 17, 2012. The facility has er QAA Committee meets at least quarte issues with respect to which quality a performance improvement activities are monitors to ensure that such quality as assurance activities take place. Residents requiring the assistance of the demobility have been, and will continue into the Electronic Activities of (EADL)/Kardex/Care Plan systems to resident needs. Director of Nursing or deprovided education for the nursing streognition of residents requiring the assistent needs. Director of Nursing or deprovided education for the nursing streognition of residents, and the require any noncompliance. The nursing staff was educated by concerning the proper assessment of required assistance with turning and accurate and consistent information in the PlanyMDS systems (documentation of swas incomplete; therefore, repeat inswas conducted and fully documented 2013). Care Tracker resident profiles we July 23, 2012 to include the number of sassist with bed mobility. Director	The facility July 12, 2012 ad implemented insured that the rely to identify assessment an necessary; an ssessments an wo persons fo continue to be and through the ins. Identified to be, entered Daily Living to the entered to sistence of twe ince with the for turning and ed reporting of the entry of the	y 2. de y d d d or z, e d d g o e o o e d of 2 x of e e g), n o x	
Cood faith attempts	by the committee to identify					
	ROVIDER OR SUPPLIER VILLAGE OF TENNE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa care plan system; 9. Observing the le provided to five resi of two, in accordance and electronic care Non-compliance co monitoring corrective Refer to F-282 (J). C/O #30155 483.75(o)(1) QAA COMMITTEE-MEM QUARTERLY/PLAN A facility must maint assurance committee nursing services; a general facility; and at least facility; and at least facility; staff. The quality assessm committee meets at issues with respect and assurance active develops and implements of the rece except insofar as succompliance of such requirements of this	A45123 ROVIDER OR SUPPLIER I VILLAGE OF TENNESSEE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 care plan system; 9. 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C/O #30155 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.	A BUILDING 445123 B. WING STREET ADDRESS, CITY, STATE, ZP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 care plan system; 9. Observing the level of assistance CNA's provided to five residents requiring the assistance of two, in accordance with the resident's care plan and electronic care plan system; Non-compliance continues at a "D" level for monitoring corrective actions. Refer to F-282 (J). C/O #30155 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS F520 F520 Resident #1 expired July 9, 2012. COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS F520 Resident recets #1 least quarterly to identify issues with respect to which quality assessment and assurance committee consisting of the director of the facility; and at least 3 other members of the facility; and at least 3 other members of the facility; and at least 3 other members of the facility; a staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.	ROYIDER OR SUPPLIER 445123 ROYIDER OR SUPPLIER 1 VILLAGE OF TENNESSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MINST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 42 care plan system; 9. Observing the level of assistance CNA's provided to five residents requiring the assistance of two, in accordance with the resident's care plan and electronic care plan system; Non-compliance continues at a "D" level for monitoring corrective actions. Refer to F-282 (J). 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The findings included:

F-323 at a scope and severity level of a "J."

Review of a Root Cause Analysis (no date) revealed, "...What steps...contributed to...the event? Associate usually performed this duty

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:]		(X3) DAT	X3) DATE SURVEY COMPLETED		
445123		B. WING			C			
NAME OF PROVIDER OR SUPPLIER ALEXIAN VILLAGE OF TENNESSEE			STREET ADDRESS, CITY, STATE, ZIP CODE 671 ALEXIAN WAY SIGNAL MOUNTAIN, TN 37377					
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F 520	aloneWhat human outcome? One CN assisting the reside stated that '(CNA#1 there any other fact influenced this outcomes 430# (pounds), a plan for in-service Resident assistance incontinence care a lifting/turning proced. Review of facility inpersonnel records in provide the planned training for using two repositioning and in lifiting/turning proced. Interview with the C 2:00 p.m., in the condinator, Quality most current, CNO. #1) on using the kard Continued interview was the Quality Assithe resident's fall (or of the fall and composition which identified (CN assist of two people incontinence care to required to ensure a provide the assistant disciplined; and was	n factors were relevant to the A (Certified Nursing Assistant) int during rounds. Resident I) moves me kind of fast'Are ors that have directly ome? Resident's wt (weight)" Continued review revealed is to be completed for exequirements for turning and ind "educated in the correct fures" service documentation and evealed the facility failed to education and in-service to CNA's to provide continence care and dures. NO on February 15, 2013, at inference room, confirmed the growth of facility in 1998, and the positions, to include: MDS of Assurance Director; and "I personally trained (CNA redex in November of 2011." with the CNO confirmed, "I urance Director at the time of in July 9, 2012). I was aware letted a root-cause analysis, IA #1) failed to ensure the when turning and providing the resident. (RN #1) was any nursing staff who failed to ince required for (resident) was a required to ensure reporting the total administration (CNO).	F	520				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/05/2013 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING _ С 445123 B. WING . 02/21/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **671 ALEXIAN WAY ALEXIAN VILLAGE OF TENNESSEE** SIGNAL MOUNTAIN, TN 37377 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 520 Continued From page 45 F 520 follow-up...this did not happen..." The CNO confirmed the facility failed to provide the required supervision and assistance to prevent (resident's) fall on July 9, 2012, and failed to provide the inservices as developed and planned after completion of the Root Cause Analysis. Refer to F-282 (J); and F-323 (J) Substandard Quality if Care. C/O #30155