PRINTED: 09/11/2014 FORM APPROVED 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 445139 B. WNG 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 000 | INITIAL COMMENTS F 000 Signature HealthCARE at St. Peter's Villa does not 9/25/14 believe and does not admit that any deficiencies existed, either before, during or after the survey. The Facility An abbreviated survey was initiated on August reserves all rights to contest the survey findings through 14, 2014 for complaint #'s TN00033506. informal dispute resolution formal appeal proceedings or TN00033532, TN00033605, TN00033862, any administrative or legal proceedings. This plan of TN00033863, TN00034016, TN00034107, correction is not meant to establish any standard of care, TN00034235, TN00034355, TN00034446 and contract obligation or position and the Facility reserves TN00034529. all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. There were no deficiencies dited for complaint #'s Nothing contained in this plan of correction should TN00033506, TN00033862, TN00033863, considered as a waiver of any potentially applicable TN00034016, TN00034107, TN00034235, Peer Review, Quality assurance or self critical TN00034355, TN00034446 and TN00034529. examination privilege which the Facility does not waive and reserves the right to assert in any administrative, Complaints #TN00033532 had deficiencies cited civil or criminal claim, action or proceeding. The Facility at F225 J, F226 J, F490 J and F520 J and offers its response, credible allegations of compliance and TN00033605 had deficiencies cited at F224 J. plan of correction as part of its ongoing efforts to provide F281 J, F282 J, F309 J, F365 J, F490 J and F520 quality of care to residents. The recertification survey was conducted from August 14, 2014 through August 27, 2014. The following citations were cited at immediate jeopardy level on the recertification survey F224 J. F225 J. F226 J. F281 J. F282 J. F309 J. F328, F329 J. F365 J. F456 J. F505 J. F490 J and F520 The immediate jeopardy (IJ) existed from 2/14/14 through 8/25/14. The IJ was removed on 8/26/14. RECEIVED The facility was cited an IJ which is a situation in SFP 2 2 2014 which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious harm, injury, impairment, or death to a resident for the following citations: a. F224 J - The failure of the facility to follow accepted POL TIGHY SPPH LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

Event ID: 2X7E11

Facility ID: TN7928

	OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY
			445139	B. WNG_				C 27/2014
	ROVIDER OR SUPPLIER	PETER	VILLA	<u> </u>	1	TREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104	<u>, , , , , , , , , , , , , , , , , , , </u>	2772014
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F 000	Continued From page physician orders for a a resident during dinir Maneuver when a resident during placed Resides. b. F225 J - The failure abuse policies were in allegations of abuse wand reported to admir#130 in IJ. c. F226 J - The failure residents were protected to ensure the abuse allegation placed. d. F281 J - The failure adherence to current practice related to empractice related to empractice related to empractice related in IJ choking death of Residents #261 and 6 f. F309 J - The failure physician's orders we therapeutic diets resulted in the empractice of the supplies of	therapage of project the repeated from the results of the results	erform the Heimlich vas noted to be 31 in IJ. facility to ensure the ented to ensure oroughly investigated in placed Resident facility to ensure in potential g investigation of an ident #130 in IJ. facility to ensure il standards of y services for e subsequent 261. facility to ensure the followed for serving and receiving ed in an IJ for facility to ensure wed related to an IJ for Residents and the incorrect diets in death of Resident failure of the facility by care was provided upment was not	F				

	OF DEFICIENCIES CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	A. BUILDI	IPLE CONSTRUCTION NG	0	X3) DATE SURVEY COMPLETED
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F 000	h. F329 J - The failure drug regimens were a monitoring and report anticoagulant medica Residents #25 and 20 i. F365 J - The failure residents received the resulted in an IJ for R resulted in the chokin j. F490 J - The failure administered in a mai its resources effective the highest practicable.	re of the facility accurate with ting of fab value of the facility accurate the esidents #26 g death of R of the facility and efficie	adequate lues related to d in IJ for ty to ensure rapeutic diet a1 and 6 which esident #261. y to be abled it to use ently to maintain	FC	000		
	well-being of resident as noted above. k. F505 J - The failur physician in a timely r / International Normal values related to antic IJ for Residents #25 at I. F520 J - The failure Quality Assessment a committee implement concerns and implem correct identified concerns and implem correct identified concerns and equipment which results IJ for F224 "J," F328 "J" and F329 "J" Quality of Care. An extended survey v 26, 2014 to August 27	e of the facilimanner of Prized Ratio (Foogulant the and 257. of the facility and Assuranced a method enting plans cerns related improper surulted in IJ. 225 "J," F22i " constitutes was conducted was conducted in Id.	ed by the IJ's Ity to notify the othrombin Time PT/INR) lab erapy resulted in the et (QAA) of identifying of action to to chocking, etioning 3 "J," F309 "J," Substandard				

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	the IJ related to failure physician of lab result August 20, 2014 at 20. An acceptable Allegaremoved the IJ, was 2014, and corrective onsite by the survey. The Administrator are the IJ related to the smalfunction in the consist at 12:46 PM. An acceptable Allegaremoved the IJ, was 2014, and corrective onsite by the survey. Noncompliance for F F282, F309, F328, F505 and F520 contivities an isolated.	d of the profession of acy of the and come survey of the profession of the Dreet of the profession of the Dreet of the Dre	IJ related to abuse be room on August Compliance, which he IJ, was received rective actions were eyors on August 26, ON were informed of emptly notify the econference room on of the conference room on of the compliance, which do n August 25, were validated august 26, 2014. ON were informed of the equipment eroom on August 21, Compliance, which do n August 21, Compliance, which do n August 26, were validated gust 26, 2014. 25, F226, F281, 65, F456, F490, a "D" level citation, to practice that with potential for more					

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F 000	The facility is required	l to sut		F	000			
F 224 \$\$=J	483.13(c) PROHIBIT MISTREATMENT/NE The facility must dever policies and procedur mistreatment, neglect and misappropriation This REQUIREMENT by: Based on policy review and Luckmann's Basin Psychophysiologic Apinvestigator's report, remedical record review determined the facility physician orders for a to monitor a resident operform the Heimlich what is blocking the anoted to be choking for sampled residents reviewed to be choking for sampled residents included in the facility neglected to midning and staff neglements which resulted in the facility for the sulted in the facility for the sulted in the facility included in the facility neglected to midning and staff neglements included in the facility for the sulted in the sulted in the sulted in the facility for the sulted in	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on policy review, review of the Sorensen and Luckmann's Basic Nursing a Psychophysiologic Approach, review of the investigator's report, review of an autopsy, medical record review and interview, it was determined the facility neglected to follow physician orders for a therapeutic diet, neglected to monitor a resident during dining and falled to perform the Heimlich Maneuver (action to remove what is blocking the airway) when a resident was noted to be choking for 1 of 15 (Resident #261) is sampled residents reviewed for neglect of the 39 residents included in the stage 2 review. The facility neglected to monitor Resident #261 during dining and staff neglected to perform the Heimlich Maneuver to prevent choking and suffocation which resulted in the choking death of Resident		F	224	 Resident #261 expired 3/27/14. LPN# 20 and 6 #30 received training on identification of correct consistency of fluid, color coded tickets, and Hei maneuver by the Staff Development Coordinator 4/2/14 and 4/4/14. All residents have the potential to be affected same practice. A 100% audit of physician orders against diet of and verified on care plan on all three floors compon 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to stherapist as needed. Another 100% audit was comon 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents reflect correct diets on the MAR. What measures will be put into place to insure this practice does not recur? A 100% audit of physician orders against diet of and verified on care plan on all three floors compon 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to stherapist as needed. Another 100% audit was comon 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents of effect correct diets on the MAR. A daily audit of meal tray cards served for accumulation of the same properties of the sam	diet, mlich on by the cards eleted peech enpleted to that cards eleted peech eleted to acy eleted 6 meal	9/25/14
	which resulted in the choking death of Resident #261. This incident resulted in an immediate jeopardy (IJ) which is a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is		h one or more					

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F 224	fikely to cause, serior or death to a residen. The immediate jeopa substandard quality of An extended survey and 8/27/14. A meeting was conduon 8/18/14 at 4:52 Pt Director of Nursing (I of Nursing (ADON) withe IJ. The facility provided a Compliance on Augustactions implemented removed the Immediate Jeopa through 8/24/14. The Noncompliance for Fi	us injury t. rdy for forcare. was con ucted in M, with DON), a hen the an acce st 25th, t 26, 20 on Aug ate Jeop rdy (IJ) IJ was 224 cor require : s negle	rpleted on 8/26/14 the conference room the Administrator, and Assistant Director by were informed of ptable Allegation of 2014. It was 14 the corrective ust 25, 2014, had bardy. existed from 3/27/14 removed on 8/25/14. Itinues at a "D" level and to submit a Plan of	F	224	 Education and training conducted on 3/28/14 v dietary staff regarding identification and prepara all type of diets, competencies for food preparati thickened liquids by the Certified Dietary Manage competencies regarding this were completed on for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, 8/28/14 the Certified Dietary Manager did an in with all dietary staff on choking hazards, differer of diets, and the different types of liquid consiste. Education and training on 3/28/14 with all nurstaff conducted regarding meal service focused echecking accuracy of diet serve, thickened liquid signs and symptoms of choking and aspiration by Staff Development Nurse. Education and training regarding how to perfor Heimlich maneuver was conducted with all staff dietary on 3/28/14. On 4/2/14 EMHC performed and education on Heimlich maneuver and signs a symptoms of ineffective breathing with all staff dietary. Education and training was completed on Heimlich maneuver for all new hires as of 3/27/1 including all dietary staff as well on 8/19/14. A 1 training on Heimlich maneuver with all licensed CNAs, dietary staff, activity staff, and therapist of 2 pm therapists completed by 8/30/14 The 2 ptherapists were issued a letter with return receipt that they have to go through training before they allowed to work. Heimlich maneuver training wild one on all new hires during orientations. Heimlich posters with pictures and instructions placed on every dining room, 2nd floor, 3rd floor floor, and main dining room. Color coded meal ticket initiated on 4/4/14 for residents on altered diet. All staff were educated on the color code meal ticket 4/14/14 by Staff Dev. Coordinator. A 100% in-service with a on color coded tickets completed by the Staff 	tion of on, and ger. All 4/12/14 and -service in type ncies. sing in s, the mathe except training ind except of unrses, xcept or in	
:	Review of the Sorens Nursing a Psychophy edition, page 576, ma airway, documented, relieving foreign body	siologic inagem "The tw	Approach, third ent of obstructed o techniques for			Development Coordinator on 8/30/14		

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F 224	manual chest and ab maneuver) and finger Medical record review documented an admi readmission date of themiplegia affecting Coordination, Difficult Dysphagia, Aphasia, Hemiplegia affecting Weakness, Cerebral Sided Weakness, His Accidents, Diabetes Hypertrophy, Dement Review of the physici through 3/31/14 and s 3/18/14 documented, DIET WITH PUREED Review of a care plan reviewed 2/14 docum Resident #261 is a nu swallowing problem requires a mechanica interventions to provide physician, monitor the care plan documented upright for all meals, s aspiration precautions Review of a nurses redocumented, "cna [#30] served resident's The supper consisted [ounces] of pulled por PM the cna [#30] retu [Resident #261] the	dominal thrusts (Heimlich sweeps." v for Resident #261 ssion date of 6/4/12 with 2/13/12 with diagnoses on the common three sides and the common three sides and three sides	a of k of geal n, eft r the ne oe d t	4. How will corrective action be monitor practice does not recur and what QA will • A daily audit of meal tray cards served plans of care and MD orders was complifor 30 days beginning 3/31/14, then 4-6 months, then 2 meal audit for a month, a • On 8/19/14 the nursing staff was audited by ADON and Department heads during regards to checking accuracy of meals set then will monitor 20 staff members per via 10 staff members per week for 1 month, members per week for 1 month, then rank x 3 months. Staff that failed to follow the re-educated and trained. • A weekly audit of all resident's diet agaticket, physician's orders, and care planthe Registered Dictitian started 9/8/14 for then random weekly audit for 3 months. • A Quality Assurance meeting will be hweeks beginning 8/23/14 and then monther commendations, and follow-up regards At that time based upon evaluated of the will determine at what frequency any on need to continue. The Administrator has ensure an effective plan is in place to measure an effective plan is in place to measure an effective plan is in place to measure and the residents.	Il be put into place for accuracy with eted for each meal meal audits for 2 and ongoing, ed and monitored meal time in erved to patients, week for I month, and 5 staff adom audit weekly e plan will be ainst the meal tray will be done by ar I month and eld weekly for 4 ally for findings, ing the above plan QA Committee going audits will the oversight to	

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F 224	Continued From page [licensed practical nu responded noticed ditress [distress] and were bluish in color breathing at this time, the resident with card was called compressions EMT EMT's [Emergen arrived. Breaths were compressions EMT EMT's and the first re [Resident #261] up to code at approximately documentation the fartheimlich maneuver of Review of the investig dated on 3/27/14 doc Rescue Team] arrived his [Resident #261] a beat] was confirmed a paramedics [Named following: this black in began choking on his paramedics removed and staff threw it awa jurisdiction was accept ransported to the [Nafurther examination [a Review of the autops 5/16/14 documented, Examination: March 2 DEATH: Asphyxia du EXAMINATION RE Non-digested food ar the upper airway, and food occlude the lobal distal branches SUited and staff branches	rse] #2/ that the noted r the res The Li iac ma sions v cy Med a mon r sponde a mon r s:55p cility sta r Resid for the rway b at 1755 d Office ale wa food the foc y. Due oted an interpret rway b at 1755 d Office ale wa food the foc y. Due oted an interpret "Dat se to che SPIRA d much pieces r brond i pieces r brond	resident was in esident's [#261] lips ident was still N [#20] stimulated sage a code blue vere commenced ical Technicians] stered between at 5:45pmThe r hooked him itor stopped the m" There was no aff performed the ent #261. report signed and d. " [Named scene and cleared ut asystole [no heart [5:55 PM] by r] advised the s eating dinner and Fire department d from his airway to this accident d this black male was prensic center for [" signed and dated on e of Autopsy 4 CAUSE OF pking INTERNALTORY SYSTEM is partially occlude of non-digested thi and some more	F	224			

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F 224	Continued From page	8 :		F	22	4			
	INTERPRETATION		on the autoney	' '					
	findings the cause of								
	asphyxia due to choki		i is allinuiled to	1					
	aophyxia dde io choxi	···g		İ					
	During an interview in	the co	nference room on						
	8/14/14 at 4:30 PM, th			-					
	Resident #261 choked								
	believe it was pulled p								
								ļ	
	During an interview in							İ	
	8/14/14 at 5:00 PM, C								ļ
	was present during Re								
	incident. CNA #30 sta								
	room He usually wo		_						
	room I went back in								
	seemed like he was in								
	wrong. I asked him if I								
	up his hand When bup we know somethin								
	immediately and got the								
	nurses took over" C								
	how long it took the ne								
	stated, "It didn't really								
	hallway. 'Mr. [first nam								İ
	distress'. She [Nurse #								
	#30 was then asked w	- 1	_						
	Resident #261 on. CN								
	remember if he was o	n a reg	ular diet or a pureed						
	diet. It looked like roas	st beef,	it was like stringy. I						
	can't remember what	else he	had." CNA #30 was						
	asked if the meat was	• 1				+		i	
į	on it. CNA #30 stated,					1			
	pureed. I don't remem	ber an	y gravy on it."						
	The facility neglected	to ensu	ıre Resident #261						
	received the proper th								
	monitor Resident #26								
İ	neglected to perform t	7	.						
	when Resident #261 v								

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F 224	Continued From page which resulted in an in Resident #261 subset Validation of the Cred Compliance (AOC) was 26, 2014, through revaudits, review of in-seand interviews with nuadministrative staff. Torrective actions statimplemented which resign in straining with sign in straining with sign in straining with sign in straining with sign in straining for all dietary identification and prepompetencies for food liquids by the certified. The facility provided eaccuracy of meals ser trays from the kitchen tickets verified with meaning served in the kitchen tickets verified with meaning for all dietary identification and prepompetencies for food liquids by the certified. The facility provided eaccuracy of meals ser trays from the kitchen tickets verified with meaning for all dietary identification and prepompetencies for food liquids by the certified. The facility provided eaccuracy of meals ser trays from the kitchen tickets verified with meaning for all dietary identification and prepompetencies for food liquids by the certified.	ible Alless according to the survice revising, the survice revision of the survice distribution of the survive dis	egation of complished on August facility documents, ecords, observations dietary and reyors validated the ne AOC were the immediate of all staff on the vice to include review ation of correct diet tickets for the regarding of diets, ration and thickened residents to include floors and tray the trays.	F2	224	4		
ļ	matching the tray ticket ticket means, and how maneuver. Nurse mar would continue to mor of the meal delivery.	to do agers	the Heimlich verbalized how they					

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F 224	Continued From pag	kitchen (on 8/26/14 revealed d at each station, the	F 2	:24		
F 225 SS=J	condiments and fluid and at the bread and meal tray was reviewensure the tray was. Observations in the staff physically chec food tray when the cand then a second of when the tray is defined and severity for deficient practice that with potential for monot immediate jeopa. The facility is require correction. 483.13(c)(1)(ii)-(iii), (INVESTIGATE/REPOALLEGATIONS/INDIAL	d station d desser ved by the correct. facility of king the eart was heck by vered to in out of evel of "lat constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute than a rdy. If the constitute of the constitute	the entree station t station the entire nat staff member to n 8/26/14 revealed meal tickets to the delivered to the halls, the staff member the resident. compliance at a D", an isolated utes no actual harm ninimal harm that is mit a plan of s individuals who have neglecting, or	F 2	medication changes were made. CNA#34 suspended on 2/17/14 and resigned 2/21/1 #22 resigned on 2/21/14. 2. All residents are at risk for mistreatment abuse, injuries of unknown injuries or unknown and misappropriation of resident property. I plans to protect the residents by:	by the y assessments and ysical signs seen by endation or was 4. Nurse personal to the facility	
	had a finding enterer registry concerning a of residents or misap and report any know court of law against a indicate unfitness for other facility staff to or licensing authorities	d into the abuse, no propriate ledge it an emplor service the State	State nurse aide eglect, mistreatment ion of their property; has of actions by a oyee, which would as a nurse aide or		 a. Reporting abuse allegations immediately Abuse Coordinator. b. Suspending the perpetrator immediately c. All allegation of abuse must be reported police, APS, Ombudsman, and State of Teld. Transfer all residents with an allegation the ER for examination by a physician. e. All alleged violations will be thoroughly if and prevent further potential abuse while the investigation is in progress. 	to the nnessee. of rape to nvestigated	

	OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1		E CONSTRUCTION		SURVEY PLETED
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	<u> </u>		445139	B. WING			08.	/27/2014
	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER	VILLA		1	STREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST	OF DEFICIENCIES SE PRECEDED BY FULL TIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 225	Continued From page The facility must ensu- involving mistreatment including injuries of un- misappropriation of re- immediately to the ad- to other officials in accu- through established postate survey and certi- The facility must have violations are thoroug prevent further potent investigation is in prog-	re that t, neglinknowr sident ministricordani rocedu ficatior evider hly inversal abu gress.	ect, or abuse, is source and property are reported ator of the facility and ce with State law res (including to the agency). Ince that all alleged estigated, and must se while the ins must be reported	F	225	3. What measures will be put into place to ithis practice does not recur? • All residents on 8/20/14 were interviewed abuse and neglect. And all residents that an non-interviewable were physically assessed ADONs for any signs and symptoms of abuse along with all resident's POA were attempted contacted to question on any abuse/neglect on 8/20/14. A total of 70 POA contacted and interviewed on 8/29/14. Abuse audits, asses interviews and questionnaires were reviewed Administrator, Director of Nursing and Social Director on 8/19/14 for any indications of	related to ed by the se/neglected to be concerns ssments, d by the	
	representative and to with State law (includi certification agency) w incident, and if the alle appropriate corrective	other ong to the other of the other of the other of the other of the other of the other ot	fficials in accordance ne State survey and working days of the plation is verified			abuse/neglect concerns. All grievances and concerns identified were investigated, addre reported and resolved by the Social Service 100% of all staff were in-serviced regarding abuse policy and procedure which included, limited to, reporting, protection and investiga	ssed, s Directo g facility's but not	
	This REQUIREMENT by: Based on policy revies sheet, review of a sus record review and interest the facility failed to imprape to the Director of administrator, failed to allegation and failed to abuse during the invest (Resident #130) samp abuse of the 39 resider review, which placed is jeopardy. Immediate justice the provider's necessity in the provider's necessity.	w, revipension view, mediate thorous prevestigation led the control of the contro	ew of a time detail n form, medical it was determined ely report an alleged g (DON) or aghly investigate this int further potential in for 1 of 15 idents reviewed for luded in the stage 2 int #130 in immediate y is a situation in			requirements using Care2learn as of 9/1/14 hires will complete abuse training during originaries. Education on facility's abuse policy and proving included, but not limited to, reporting, and investigation requirements with all the displayed by the Regional Social Services Directly 18/14.	. All new entation. ocedure protection epartmen	

	DF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF P	ROVIDER OR SUPPLIER			·		STREET ADDRESS, CITY, STATE, ZIP CODE	1 08/	27/2014
				ŀ		41 N MCLEAN		
SIGNATU	RE HEALTHCARE AT ST	PETER	VILLA			MEMPHIS, TN 38104		
(X4) ID	SUMMARY STA	ATEMENT	OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG			SE PRECEDED BY FULL TIFYING INFORMATION)	PREFIX TAG	·	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 225	Continued From page	: 12		F 2	25	100% of all staff were in-serviced regarding	j facility's	:
	more requirements of	partici	pation has caused, or			abuse policy and procedure which included,	but not	
	is likely to cause, seri					limited to, reporting, protection and investigate		
	impairment, or death to a resident.					requirements using Care2learn as of 9/1/14.		
						hires will complete abuse training during orie Education on facility's abuse policy and	nialion,	
	The immediate jeopai	dv for	F225 constitutes			procedure which included, but not limited to,		
	substandard quality o					reporting, protection and investigation require	ments	
						with all the department heads by the Regiona	ıl l	
	An extended survey v	vas con	npleted on 8/26/14			Social Services Director on 9/18/14.		
	and 8/27/14.		'			 How will corrective action be monitored to the practice does not recur and what QA will 		
						place.	pe but iti	
	A meeting was condu	cted in	the conference room			A staff questionnaire regarding abuse is be	regarding abuse is being strator, DON, ADONs, MDSC,	
	on 8/18/14 at 4:52 PM	1, with	he Administrator and			administered by Administrator, DON, ADONs		
	the Director of Nursing	g (DON	l) at which time they			Activities director, Chaplain, Dietary manage		
	were informed of the I	lmmedi	ate Jeopardy.			Chaplain, Marketing, Admissions/Marketing,		
						Manager, Medical Records, HR director to st members beginning 8/19/2014 with 20 staff n		
	The facility provided a	n acce	ptable Allegation of			per week for one month, then 15 staff member		
	Compliance (AOC) or					week for one month, then 10 staff members ;		
	determined on August					for one month, then 5 staff members per wee		
	actions implemented					month, then weekly random audit for 3 month	is. If less	
	removed the Immedia	te Jeor	pardy.			than 100% was met on the questionnaire a re-education will be conducted until 100% is	met	
						Elder Justice Act signs have been moved:	I	
	The immediate jeopar					made more visible in the facility.		
	through 8/24/14. The	IJ was¦	removed on 8/25/14.			HR completed an audit on 8/23/14 of all ac	I	
						employees related to background checks. Au	dit	
	Noncompliance for F2					revealed that all active employees have a bacheck with no issues.	skgrouna	
	citation. The facility is	require	ed to submit a Plan of			The Administrator, Social Services Director	: Director	
	Correction.					of Nursing or Weekend Supervisor will review		
						grievances, incidents and accidents reports of	- 1	
	The findings included:	.				beginning 8/23/14 to determine if there are re		
	Davis - 645 - 6996 1-	6				allegations that have not been identified. All g and abuse concerns identified were investiga		·
	Review of the facility's					addressed, reported and resolved by the Adn		.
	"Verbal, sexual, phy					Director of Nursing and Social Services Direct	tor.	·
	are prohibited If the					The Director of Nursing will report any allega	itions	l
	believes there is a lac		I -			of abuse, neglect or misappropriation to the o	utside	
	charge nurse the pers			1		agency • A resident council meeting held on 8/27/14	with	
	and/or Administrator.					Activities Director going over Resident's Righ		
	not in the facility staff					Abuse.		
	The charge nurse will		_				ĺ	
	suspected perpetrator	HOM F	esidelit care areas,	1				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		445139	B. WNG		08/:	27/2014	
	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E	(X5) COMPLETION DATE	
F 225	immediately suspend outcome of the invest will immediately notify and/or Abuse Coordinabuse will be investig. Medical record review documented an admit diagnoses of Conges Hypertension, Chroni Automatic Implantable Digoxin Toxicity, Decourinary Retention, Be Bladder Outlet Obstruance Acute Renal Obstructive Uropathy. Review of an annual I assessment with an A (ARD) of 1/21/14 docta Brief Interview for M of 11, indicating the recognitively impaired, a assistance from staff Living (ADLs). The MI #130 had no mood or Review of a quarterly an ARD of 7/12/14 do indicating the resident impaired, and the resion staff for all ADLs. The Resident #130 had no symptoms. Review of a nurse's n PM, documented, " (assistant #33] reported.	the employee pending the digation The charge nurse of the Administrator, DON, nator All allegations of ated" If or Resident #130 sesion date of 2/13/13 with tive Heart Failure, or Angira, Status Post or Cardioverter Defibrillator, onditioning, Hyperlipidemia, nign Prostatic Hypertrophy, action, Peptic Ulcer Disease, Disease Secondary to Post and Dementia. Minimum Data Set (MDS) sessesment Reference Date amented Resident #130 had bental Status (BIMS) score sesident is moderately and required extensive for all Activities of Daily DS documented Resident behavioral symptoms. MDS for Resident #130 with cumented a BIMS of 7, it is severely cognitively dent was totally dependent the MDS documented that or behavioral	F 225	A family council meeting scheduled for 9/2 Social Services Director to go over Resident' and Abuse. A Quality Assurance meeting will be held v 4 weeks beginning 8/23/14 and then monthly findings, recommendations, and follow-up rethe above plan. At that time based upon eval of the QA Committee will determine at what f any ongoing audits will need to continue. The Administrator has the oversight to ensure an plan is in place to meet the well-being of the	s rights veekly for for garding uation requency effective		

	OF DEFICIENCIES F CORRECTION		ER/SUPPLIER/CLIA ICATION NUMBER:	(X2) MULT A. BUILDI	TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	1 -		- 	STREET ADDRESS, CITY, STATE, ZIP (CODE	08/27/2014	-
SIGNATU	RE HEALTHCARE AT S	PETER VILL	RVILLA		141 N MCLEAN MEMPHIS, TN 38104			
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F 225	Continued From pag #22] of what residen written by Nurse #21	t said" This	s note was	F 2	25			
	Review of the social documented the folloa. 2/17/14 - "[CNA that resident [#130] s 2-14-14. DSS [Direct spoke with resident name of a male CNA b. 2/20/14 - "DSS v [#130] said everythin on the night of 2/14/1 other day was true' Review of CNA #34's documented CNA #3 from 3:00 PM to 9:45 10:58 PM, Saturday, 9:53 PM and 10:27 P 2/16/14, from 2:59 Pt to 11:00 PM, and Moto 4:01 PM.	wing: #33] informed stated he had stor of Social . Resident [# [#34] who redistred with redistred with redistred with redistred with redistred with redistred worked Fried PM and 10: 2/15/14, from the 11:06 FM to 9:56 PM to 9:56 PM	ed Nurse [#22] d been raped Services] #130] stated the aped him" esident. Resident d [alleged rape 34] to me the AIL" sheet iday, 2/14/14, 15 PM until m 3:28 PM to PM, Sunday, d and 10:26 PM					
	Review of a suspensidocumented, "[CN/Incident: 2/14/14" T signed and dated by a Human Resources #34 on 2/17/14. Accususpended until 3 day Review of a physician Resident #130 dated "allegation of sexual month"	A #34] name the suspensifie DOIN, the witness and ised CNA #3 ys after the and 1/20/14 docal contact/as:	Date of ion form was e Administrator, accused CNA 4 was not alleged rape. note on umented, sault last					
	Review of Resident # behavioral health visit	I .						ĺ

			PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			445139	B. WING_			C /27/2014	
	ROVIDER OR SUPPLIER	PETER VIL	RVILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104		2112014	
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F 225	Continued From page following: a. 3/27/14 - "RECEI AND CLAIMS OF SE. APPETITE REMAINS MOOD APPEARS HOWITHDRAWN" b. 4/3/14 - "Chief CophySical Decline ABUSE BY STAFF Hallucinations None c. 4/4/14 - Resident # sleep disturbances, loincreased dependence withdrawal/isolation, cenergy, decreased entearfulness. The psyc "Processed alleged / patient-reviewed / ex [and] related thoughts initially guarded re [rehis depressive symptomore forthcoming as a discussed as many dewell as his thoughts a [alleged rape on night During an interview in 8/14/14 at 2:10 PM, Rehis depressive symptomore forthcoming as a sidicussed as many dewell as his thoughts a [alleged rape on night During an interview was Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130's room room. Later on 8/14/14 at 2:10 PM, Resident #130 stated, have sexual intercours girl [CNA #33] that was	NT PHYSICAL ABLAS POOR AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. AND CLA Delusions. And	JSE BY STAFF ND OVERALL AND RECENT JIMS OF SEXUAL None lemonstrating etite, weight loss, are, increased mood, decreased nterest, and sult documented, experience w [with] tails of incident & s Patient was alleged assault & ever, he became ogressed. He a could recall, as ns re: incident all" #130's room on 130 was asked eated him here at d that once a appropriately to ed due to g present in the PM, Resident nation regarding n of earlier. A #34] tried to penetrate, the	F 2:	25			

CODE	C 08/27/2014
CODE	I 08/2//20 14
F CORRECTION TION SHOULD BE THE APPROPRIA ICY)	
7	TION SHOULD BE THE APPROPRIA

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		6	(X3) DATE SURVEY COMPLETED		
		445139	B. WNG			C		
	ROVIDER OR SUPPLIER	T PETER VILLA	141	EET ADDRESS, CITY, STATE, ZIP CO N MCLEAN MPHIS, TN 38104	DDE	08/27/2014		
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F 225	Resident #130 after DON stated, "I don't During an interview i 8/14/14 at 6:10 PM, what is the facility's preported. The Admin definitely investigate Administrator was as would be sent to the Administrator was not agreement and state doctor or nurse pract During a telephone in PM, accused CNA #3 happened during his Resident #130 and the Accused CNA #34 st false. I resigned. The anything. If they would would have been fined to a proper investigation. Accused Whether he had the investigation. Accused that was not sust through. I worked that During a telephone in PM, CNA #33 was as	rsician had examined the incident occurred. The know." In the conference room on the Administrator was asked protocol if an alleged rape is istrator stated, "We would thoroughly." The sked whether the resident hospital for a rape kit. The adding her head in d, "We would do that or get a litioner to examine him." Interview on 8/15/14 at 3:37 at was asked what had shift on 2/14/14 regarding he alleged abuse allegation. ated, "The allegation was by [facility] did no rape kit or id have called the police, I with it. They [facility] did not a cused CNA #34 was a suspended during cused CNA #34 stated, "No pended. I worked all the way it weekend."	F 225	DEFICIENCY				
	2/14/14. CNA #33 state to Resident #130 at the 2/15/14, like she normal he thought he had be she had told the nurse the nurse supervisor.	lent #130 on the night of ated she had gone in to talk the beginning of her shift on mally does. He told her that the raped. CNA #33 stated e on duty (Nurse #21) and (Nurse #22). CNA #33						

			OVIDER/SUPPLIER/CLIA INTIFICATION NUMBER:	(X2) MULT A. BUILDI		(X3) DATE SURVEY COMPLETED		
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NAME OF P	ROVIDER OR SUPPLIER				,	STREET ADDRESS, CITY, STATE, ZIP CODE		
SIGNATU	RE HEALTHCARE AT ST	PETER	VILLA		1	141 N MCLEAN		
	•				1	MEMPHIS, TN 38104		
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ino			THE THE STATE OF T	i i i i i i		DEFICIENCY)	112	
F 225	Continued From page	18		F:	225			
	tell me anything. I wa	ited a c	ouple of hours, and					
	then I went and clear							
	There was a jelly-like							
	clear." CNA #33 was							
	were called. CNA #33							
	CNA #33 was asked							
	been taken to the hos							
		\#33 st	ated, "Not that I kпоw					
	of."							
	During an interview in	the co	nference room on					
	8/18/14 at 3:15 PM, to							
			nt reports abuse. The					
	DSS stated, "It's repo							
	immediately. They ca							
	DON. The accused is	suspe	nded immediately,					
	authorities are notified	d, police	e, elder abuse,					
	[Named Administrator							
	that. We should have	reporte	d this one to the					
	police."							
	During an interview a	t the nu	rses' station on					
	8/19/14 at 8:05 AM, N	lurse P	ractitioner (NP) #1					
	was asked if she rem	embere	d the incident that				1	
	occurred with Reside	nt #130	оп 2/14/14					
	regarding the alleged							
	was such a significan							
	nurse manager for the							
	been an occurrence.							
	complained he was m							
	[Nurse #12] said coul			1				
	[Nurse #12] said it ha							
			gress note. I vaguely					1
	remember asking sor							
	handed it to someone							
	it was. There is a billing	_						
	sheets, and every tim							
	and put it in my bag. I not at the office either							
	not at the phice either	, very t	niiorturiate. IIIIS	1				1

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		445139	B. WNG			C 08/27/2014		
	ROVIDER OR SUPPLIER	PETER VILLA		STREET ADDRESS, CITY, STATE, ZIP CO 141 N MCLEAN MEMPHIS, TN 38104	DE	00/2011		
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F 225	station on 8/20/14 at a asked about the alleg that occurred on the ristated, the allegation weekend [2/14/14]. We found out. I did a body asked what is the faci abuse allegations. Nu supposed to report to triage it. The person the suspended, police she should actually be serincident, immediately patient to the hospital. The facility was unable evidence that a physic performed on Resider alleged sexual assault. The facility failed to properpetrator; failed to properpetrator; failed to no provide a complete an examination; failed to Administrator and failed an allegation of rape verification of the Credit validation val	t the fourth floor nurse's 8:45 AM, Nurse #12 was ed rape of Resident #130 night of 2/14/14. Nurse #12 "happened over the las a couple of days before I y audit." Nurse #12 was lity's policy regarding sexual rise #12 stated, "They are the nurse. Suppose to hey are accusing is ould be called, the patient not out at the time of the do a body audit, send. Notify the DON." The to provide any written call exam had been int #130 concerning the ton 2/14/14. The omptly suspend the alleged to the police; failed to a dispropriate medical promptly notify the DON or ed to thoroughly investigate which placed Resident #130 to the saccomplished on-site	F 225					
	and interviews with nu staff. The surveyors ve	OC were implemented						

	OF DEFICIENCIES F CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(хз	(X3) DATE SURVEY COMPLETED	
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'	ROVIDER OR SUPPLIER	T PETER	VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104		08/27/2014	
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F 225	Continued From page	ge 20		F2	25			
F 226 SS=J	The facility provided received an abuse i questionnaire, on w answer 100 percent new hire personnel contained evidence registry checks before the reporting of abuse residents. An intervity Abuse Prevention C stated that weekly Preventions have been the facility will remascope and severity I practice that constitute potential for more the immediate jeopardy. The facility is require correction. 483.13(c) DEVELOF ABUSE/NEGLECT, The facility must developolicies and procedumistreatment, neglecand misappropriation.	n-service in the property of backgre hire. In pleted was condinated and present out of the property of the service and present out of the property of the service and present out of the property of the service and present of the service and present out of the property of	and an abuse were required to y. Review of 5 of 5 e reviewed and ground and abuse with nursing and e staff were dedures regarding rotection of the conducted with the or, in which she nce Improvement led. compliance at a an isolated deficient ectual harm with hal harm that is not mit a plan of ENT LICIES d implement written prohibit buse of residents	F 22	1. The allegation of abuse was reported of Tennessee on 2/21/14 on Resident Director of Nursing. Resident #130 full assessment was completed on 2/17/1 nurse and 2/18/14 by the nurse practif physical signs of injuries were noted. was seen by the psychiatrist on 3/16/1 recommendation or medication chang CNA#34 was suspended on 2/17/14 a 2/21/14. Nurse #22 resigned on 2/21/	#130 by the body 4 by a licensioner and m Resident #1 4 and no es were mand resigned	esed no 130	
	This REQUIREMEN by:	T is not	met as evidenced					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
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	OVIDER OR SUPPLIER	PETER	VILLA		1	STREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104	1 00.	21120 14
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST I	T OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	Continued From page Based on policy reviewsheet, review of a sustence of review and intented facility failed to implemental abuse during investigation for 1 of 1 residents reviewed for included in the stage 2 to notify the police after allegation; failed to potential abuse during investigation for 1 of 1 residents reviewed for included in the stage 2 to notify the police after allegation; failed to promedical exam and failed alleged perpetrator which immediate jeopardy situation in which the pwith one or more requisitation in which the pwith one or more requisitation and substandard quality of An extended survey wand 8/27/14. A meeting was conducted to make the provided at 252 PM the Director of Nursing were informed of the immediate jeopard the immediate jeo	ew, review, pension pension protes of thorouse a state of the pension protes of the pension protes of the pension pens	in form, medical it was determined int their abuse policy tely report an alleged ing (DON) or ughly investigate this ect residents from leged abuse sident #130) sampled of the 39 residents w. The facility failed aff to resident rape an appropriate cromptly suspend the aced Resident #130 ediate jeopardy is a er's noncompliance its of participation use, serious injury, to a resident. F226 constitutes The conference room the Administrator and the Administrator and the Administrator and the Administrator and the time they tate jeopardy.	F:		2. All residents are at risk for mistreatment, no abuse, injuries of unknown injuries or unknown and misappropriation of resident property. The plans to protect the residents by: a. Reporting abuse allegations immediately to Abuse Coordinator. b. Suspending the perpetrator immediately. c. All allegation of abuse must be reported to APS, Ombudsman, and State of Tennessee. d. Transfer all residents with an allegation of rER for examination by a physician. e. All alleged violations will be thoroughly investing and prevent further potential abuse while the investigation is in progress. 3. What measures will be put into place to insthis practice does not recur? • All residents on 8/20/14 were interviewed reabuse and neglect. And all residents that are non-interviewable were physically assessed by ADONs for any signs and symptoms of abuse along with all resident's POA were attempted contacted to question on any abuse/neglect con 8/29/14. A total of 70 POA contacted and in on 8/29/14. A total of 70 POA contacted and in on 8/29/14. A total of 70 POA contacted and in on 8/29/14. Abuse audits, assessments, interned questionnaires were reviewed by the Adm Director of Nursing and Social Services Direct 8/19/14 for any indications of abuse/neglect con 8/19/14 for any indications of abuse/neglect conditions of aluse/neglect conditi	rn source e facility the the Police rape to the stigated sure that elated to be oncerns interviewed views ministrator or oncerns. Were do by the facility's on the stigated sure rotection eartment or oncerns.	e

	OF DEFICIENCIES F CORRECTION		OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 40	
SIGNATU	RE HEALTHCARE AT ST	PETER	 {VILLA	[41 N MCLEAN		
					M	MEMPHIS, TN 38104		
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F 226	Continued From page The immediate jeopar through 8/24/14. The Noncompliance for F2 citation. The facility is correction. The findings included: Review of the facility's "sexual, physical an prohibited All allegat of the Resident If the abuse believes there i the charge nurse the p DON and/or Administr are not in the facility's phone The charge n remove the suspected care areas, obtain the statement and immedi employee pending the investigation The ch notify the Administrato Coordinator as approp allegations of abuse w Administrator/designer efforts to investigate a reports"	22 dy (IJ) was 26 correquir abused men ions of person ator. If taff with urse w perper staff r ately s outco arge n r, DOI riate ill be i e will r nd add for Re sion d ve He	existed from 2/14/14 removed on 8/25/14. Intinues at a "D" level ed to submit a plan of e policy documented, fal abuse are f abuse Protection on reporting the ck of response from will then notify the DON / Administrator Inotify them via will immediately strator from resident members witness suspend the me of the urse will immediately investigation All nvestigated The make all reasonable ress alleged esident #130 ate of 2/13/13 with art Failure, Status		226		ensure pe put in ing , MDSC, , Chaplain nager, rs er week ek for for one e month, s than cation and made dit kground Director r the aily portable rievances ed, inistrator or.	
	Post Automatic Implant Defibrillator, Hypertens Digoxin Toxicity, Deco Urinary Retention, Ber Bladder Outlet Obstruct Anemia, Acute Renal I	sion, C ndition nign Pr ction, I	hronic Angina, ing, Hyperlipidemia, ostatic Hypertrophy, Peptic Ulcer Disease,			abuse, neglect or misappropriation to the outs	ide agen	cy.

	OF DEFICIENCIES F CORRECTION		OVIDER/SUPPLIER/CLIA INTIFICATION NUMBER:	1''		E CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST SUMMARY STA				STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			
PREFIX TAG	(EACH DEFICIENC)	Y MUST 🗄	E PRECEDED BY FULL TIFYING INFORMATION)	PREFI:		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ΒE	(X5) COMPLETION DATE
F 226	Continued From page Obstructive Uropathy Review of a nurse's n. PM, documented, "(asssitant #33] reporte he was raped. Report #22] of what resident written by Nurse #21. Review of the social s documented the follow a. 2/17/14 - "[CNA # that resident [#130] st 2-14-14. DSS [Directo spoke with resident name of a male CNA b. 2/20/14 - "DSS vis [#130] said everything on the night of 2/14/14 other day was true" Review of the CNA #34 from 3:00 PM to 9:45 for 3:00 PM to 9:45 for 3:00 PM, Saturday, 29:53 PM and 10:27 PM 2/16/14, from 2:59 PM to 11:00 PM, and Monto 4:01 PM. Review of a suspension documented, "[CNA Incident: 2/14/14" The signed and dated by the a Human Resources we 2/17/14. The accused until 3 days after the a reported.	and Decote date of the CNA [condition of the	ed 2/15/14 at 2:30 ertified nursing sident #130] stated supervisor [Nurse This note was progress notes progr	F2	226	 A resident council meeting held on 8/27/1. Activities Director going over Resident's Rig Abuse. A family council meeting scheduled for 9/2 with Social Services Director to go over Resights and Abuse. A Quality Assurance meeting will be held 4 weeks beginning 8/23/14 and then monthly recommendations, and follow-up regarding to plan. At that time based upon evaluation of the Committee will determine at what frequency ongoing audits will need to continue. The Administrator has the oversight to ensure an plan is in place to meet the well-being of the 	hts and 25/14 ident's weekly for y for findin he above he QA any	gs,

	OF DEFICIENCIES F CORRECTION		ER/SUPPLIER/CLIA CATION NUMBER:		IPLE CONSTRUCTION NG			E SURVEY PLETED
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F 226	Continued From page During an interview is 8/14/14 at 2:10 PM, whether anyone had the facility. Resident homosexual man had him. The interview we Resident #130's room. Later on 8/14/#130 was asked for the mistreatment he Resident #130 states have sexual intercougirl [CNA #33] that we up asked me why I he Resident #130 states what happened and Resident #130 was at taken to the doctor we Resident #130 states. During an interview is 8/14/14 at 3:00 PM, should happen if a reabuse. The DON states immediately, interview body audit of the resident was it done after the	in Resident #1 Resident #1 Resident #1 I ever mistrea #130 stated d spoken ina vas postpone mmate being 14 at 3:25 Pl more informa had spoken had spoken d, "He [CNA- urse, tried to pashed me ar lad all this grad d he had told she told the pashed whethe when the incide d he had not. In the confere the DON was esident report ted, "Staff sh w the resider ident." The Coas performed	ated him here at that once a appropriately to d due to present in the M, Resident ation regarding of earlier. #34] tried to penetrate, the ease on me." Ther [CNA #33] earlier he had been dent occurred. #34] tried to penetrate, the ease on me." Ther [CNA #33] earlier he had been dent occurred.	F 2		n		
	DON stated, "A body lock at the area, look they were penetrated notified, suspend the identified, try to get the DON was asked who sent to the emergence after an instance who physical evidence, suffound on the resident stated. "Yes, then we	audit, remover audit, remover at the anal and alleged perpendent from the residue there was such as jelly-lits buttocks.	ve the clothes, area if they say and families are petrator if mediately." The dent should be for a rape kit is possible ke substance					

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F 226	Continued From pag	e 25		F 2	226				
	Resident #130 was r	not examined	d immediately						
	nor was he sent to th								
	During an interview i 8/14/14 at 6:05 PM, Resident #130 was rafter the alleged incident "Was not rep [2/17/14]." The DON police had been notif The DON was asked examined Resident # occurred. The DON state of th	the DON wa not examined dent. The DO ported to us was asked was asked was fied. The DO whether a p #130 after the stated, "I don	is asked why d until 3 days ON stated the until later whether the ON stated, "No." ohysician had e incident n't know."						
	8/14/14 at 6:10 PM, the what is the facility's p								
	The Administrator sta								
	investigate thoroughl								
	asked whether the re								
	hospital for a rape kit								
	nodding her head in	•	•						
	would do that or get a to examine him,"	a doctor or n	nurse practitioner						
	During a telephone in PM, accused CNA #3 happened during his Resident #130 and the Accused CNA #34 strates. I resigned. The anything. If they wou would have been fine do a proper investigation asked whether he had the investigation. Acc Ma'am. I was not sus	34 was asked shift on 2/14 he alleged at ated, "The aday [facility] did have called with it. The atton." Accused been suspecused CNA #	d what had 4/14 regarding buse allegation. Illegation was d no rape kit or ed the police, I by [facility] did not ed CNA #34 was bended during #34 stated, "No						
	through. I worked that	•	-						

	OF DEFICIENCIES CORRECTION		ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	PETER	VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			
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F 226	Continued From page During a telephone in PM, CNA #33 was as	terview		F2	26			
	alleged rape of Resid 2/14/14. CNA #33 sta to Resident #130 at the 2/15/14, like she norm	ent #13 ted she ne begi	30 on the night of had gone in to talk nning of her shift on					
į	he thought he had be she had told the nurse the nurse supervisor (stated, "They [Nurse	en rape e on du Nurse	ed. CNA #33 stated ty (Nurse #21) and #22). CNA #33					
	tell me anything. I wai then I went and clean There was a jelly-like clear." CNA #33 was a	ed him substa asked v	[Resident #130] up. nce on him that was whether the police					
	were called. CNA #33 CNA #33 was asked v been taken to the hos alleged incident. CNA of."	vhethe pital fo	Resident #130 had ran exam after the					
	During an interview in 8/18/14 at 3:15 PM, the facility's policy if a DSS stated, "It's repor immediately. They cal	e DSS reside ted to	was asked what is nt reports abuse. The the supervisor					
	DON. The accused is authorities are notified [Named Administrator that. We should have police."	, police . Have	e, elder abuse, been talking about					
	During an interview at 8/19/14 at 8:05 AM, N was asked if she reme occurred with Residen regarding the alleged was such a significant the nurse manager) to	urse P mbere t #130 abuse. event.	actitioner (NP #1) d the incident that on 2/14/14 NP #1 stated, "It [Named Nurse #12					

	OF DEFICIENCIES F CORRECTION		OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE	SURVEY LETED
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F 226	he was molested or said could you exar said it had happened Cannot find my progremember asking subanded it to someouit was. There is a bit sheets, and every tit and put it in my bag not at the office eith During an interview station on 8/20/14 at asked about the allest that occurred on the stated, the allegation weekend [2/14/14]. found out. I did a bott could be said to could	sident [# raped, a raped, a raped, a raped, a raped, a raped, a raped, but colling sheeme I door. I don't I ged raped was a collity's pollurse #12 of the nur they are raped at the property of the property o	days ago [2/14/14]. te. I vaguely to copy it, and annot remember who et attached to my ument, I tear it off have that either. It's unfortunate." urth floor nurse's M, Nurse #12 was e of Resident #130 2/14/14. Nurse #12 med over the huple of days before I " Nurse #12 was elicy regarding sexual 2 stated, "They are rse. Suppose to accusing is called, the patient t the time of the hudy audit, send the DON." avide any written m had been concerning the 14/14. Int and follow their d to thoroughly by not promplty rator; failed to examination; failed	F2	226			

	OF DEFICIENCIES CORRECTION		DER/SUPPLIER/CLIA FICATION NUMBER:	1	IPLE CONSTRUCTION			SURVEY
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	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER VIL	LA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			<u>.</u>
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F 226	Continued From page from potential abuse to the alleged perpetrator #130 in immediate jed Validation of the Credit Compliance (AOC) was August 26, 2014, throus documents, audits, remand interviews with nustaff. The surveyors wastions stated in the Awhich removed the immediate jed an abuse insequestionnaire, on which answer 100 percent of personnel files were revidence of background checks before hire. Interviews were compliadministrative staff to knowledgeable of properson of abuse residents. An interview Abuse Prevention Cootstated that weekly Permeetings have been so The facility will remain scope and severity lever practice that constitute potential for more than immediate jeopardy. The facility is required correction.	ble Allega is accompagh review view of in- irsing and alidated th OC were i mediate je vidence th service and they we brectly. Re eviewed and and abu eted with ensure sta per proced and prote v was conc irdinator, in formance cheduled. out of con et "D" an i es no actua i minimal h	aced Resident ation of blished on-site v of facility service records administrative le corrective implemented eopardy. at all staff d an abuse are required to andom new hire and contained use registry nursing and aff were fures regarding action of the ducted with the m which she Improvement appliance at a isolated deficient at harm with harm that is not	F 2	26			
	con contra							

	OF DEFICIENCIES F CORRECTION	(X1) PE	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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			445139	B. WING			08/	27/2014
NAME OF P	ROVIDER OR SUPPLIER			_	8	STREET ADDRESS, CITY, STATE, ZIP CODE	,	
SIGNATUI	RE HEALTHCARE AT ST	PETER	VILLA	141 N MCLEAN				
					N	MEMPHIS, TN 38104		
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F 281	Continued From page	29		F:	281	1. Resident #261expired 3/27/14, LPN# 20		9/25/14
F 281	483.20(k)(3)(i) SERV	ICES P	ROVIDED MEET	F:	281	CNA#30 received training on identification	of correct	
SS=J	PROFESSIONAL STA	DS			diet, consistency of fluid, color coded ticket	s, and		
	The consists are side.	.				Heimlich maneuver by the Staff Developme	ent .	l
	The services provided must meet profession					Coordinator on 4/2/14 and 4/4/14.		
	•		' '			2. All residents have the potential to be		
	This REQUIREMENT	is not	met as evidenced			affected by the same practice.		
	by:	13 1100	The do evidenced			A 100% audit of physician orders against		
	Based on review of S		l .			diet cards and verified on care plan on all th	ree floors	;
	Basic Nursing referent review of the investigation					completed on 3/28/2014 by Certified Dietar	y Manage	г.
	autopsy and interview					Clarification orders were written and referra	l to	
	facility failed to ensure					speech therapist as needed. Another 100%	audit	
	professional standard staff not performing the					was completed on 8/17/14 and all diets may		
	(action to remove what					tray cards. Clarification orders were written	ı	
:	when a resident was i	noted to	be choking for 1 of	İ		•		
	15 (Resident #261) sa					residents to reflect correct diets on the MAF	·	
	for neglect of the 39 a stage 2 review. The fa					What measures will be put into place to	nsure	
	Heimlich maneuver to					that this practice does not recur?		
	suffocation which resu					 A 100% audit of physician orders against 	diet	
	Resident #261, which jeopardy, a situation in		l .			cards and verified on care plan on all three	floors	
	noncompliance with o					completed on 3/28/2014 by Certified Dietary	/ Manage	r.
	participation has caus	ed, or i	s likely to cause,			Clarification orders were written and referra	l to	
	serious injury, harm, il resident.	mpairm	lent, or death to a			speech therapist as needed. Another 100%	audit	
	resident.					was completed on 8/17/14 and all diets mat	ch the	
	A meeting was condu-					tray cards. Clarification orders were written	on 10	
]	on 8/18/14 at 4:52 PM Director of Nursing (D					residents to reflect correct diets on the MAF	ł.	
	of Nursing (ADON) wi							
	the immediate jeopard							
	The facility provided a	n acce	ntable Allegation of					
	Compliance on Augus							
	determined on August			1			i	

			ATTRICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
							j ,	С	
		İ	445139	B. WING		·	08/	27/2014	
NAME OF P	ROVIDER OR SUPPLIER				8	STREET ADDRESS, CITY, STATE, ZIP CODE			
SIGNATU	RE HEALTHCARE AT	ST PETER	VILLA		1	41 N MCLEAN			
	NE TENETH OF ICE	OTT ETEN	* /		N	MEMPHIS, TN 38104			
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F 281	Continued From p	age 30		F:	281	A daily audit of meal tray cards served for	ассигасу		
	actions implement	ed on Aug	ust 25, 2014, had			with plans of care and physician orders was	completed	پ ا	
removed the imme		ediate jeop	ardy.			each meal for 30 days beginning 3/31/14, the	en 4-6		
	The income alless to					meal audits for 2 months, then 2 meal audit			
			ardy (IJ) existed from 3/27/14 e IJ was removed on 8/25/14.				0. 0		
	IIIIOugii 0/24/ (4, 1	iie ii was	terrioved on 0/23/14.			month, and ongoing.			
	Noncompliance fo	r F281 cor	tinues at a "D" level			Education and training conducted on 3/28/	14 with all	İ	
		y is require	to submit a Plan of			dietary staff regarding identification and prep	aration		
	Correction.					of all type of diets, competencies for food pre	paration,		
	The findings include	led:				and thickened liquids by the Certified Dietary	Manager	,	
	The initiality though					All competencies regarding this were comple	eted on		
			Luckmann's Basic			4/12/14 for all dietary staff. On 8/4/14, 8/19/1			
	Nursing a Psychor						·		
	edition, page 576, airway, documente	_	1			8/24/14, and 8/28/14 the Certified Dietary M	anager	ı	
i	relieving foreign be					did an in-service with all dietary staff on chok	ing		
	manual chest and					hazards, different type of diets, and the differ	ent types		
	maneuver) and fin	ger sweep	s."			of liquid consistencies.			
	Medical record rev	iou for De	oidont #761			Education and training on 3/28/14 with all r	nursing		
			ate of 6/4/12 with a			staff conducted regarding meal service focus	sed on		
			with diagnoses of			checking accuracy of diet serve, thickened lie	i		
	, -	-	minant Side, Lack of						
	Coordination, Diffic	culty in Wa	lking, Oropharyngeal	İ		signs and symptoms of choking and aspiration	in by the		
	Dysphagia, Aphas Hemiplegia affectir					Staff Development Nurse.	j		
:			r Accident with Left						
	Sided Weakness,								
	Accidents, Diabete								
	Hypertrophy, Dem	entia and	Hyperlipidemia.	l					
	Review of a care p	lon datad	5/16/12 and						
	reviewed 2/14 doc								
	Resident #261 is a						ļ		
	swallowing probler								
	requires a mechan								
			261 is to be upright						
			meals and aspiration						

PRINTED: 09/11/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER VILLA (VA) D SUMMAY STATEURY OF DESCRICIONES 141 N.MCLEAN 18164 (VA) D SEACH DESCRICIONES 18164 1		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STREET ADDRESS, CITY, STATE, 2P CODE 1411 MICLEAN MEMPHIS, TN 38104 F 281 Continued From page 31						c
IN MOLEAN IN MERCH THE ALL AND OCCURRETOR IN MOLEAN IN MERCH THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN MICHAEL THE ALL AND OCCURRETOR IN			445139	B. WING		08/27/2014
F 281 Continued From page 31 precautions. Review of a nurses note dated 3/28/14 documented, "cna [certified nursing assistant #30] served residents [Resident #261] supper. The supper consisted of the following items 4 oz [ounces] of pulled pork at approximately 5:31 PM the cna [#30] returned to check on him the cna immediately responded adiced that the resident was in ditress [distress] and noted resident's [Resident #261] by were bluish in color the resident was in ditress [distress] and noted resident's [Resident #261] by ware bluish in color the resident was called compressions were commenced uttill EMT's [Emergency Medical Technicians] arrived EMT arrived at 545pm The EMIT's and the first responder hooked him up to a monitor stopped the code at approximately 5155pm There was no documentation the facility staff performed the Heimlich maneuver for Resident #261. Review of the investigator's report signed and dated on 3/27/14 documented, "(Named Rescue Team) arrived on the scene and cleared his airway but asystole [no heart beat] was confirmed at 1755 [5.55 PM] by parametics [Named Officer] addised the following: this black male was rating dinner and began choking on his food Fire department parametics removed the food from his airway and staff threw it away. Due to this accident jurisdiction was accepted and this black male was transported to the [Named]	_		PETER VILLA		141 N MCLEAN	
Continued From page 31 precautions. Review of a nurses note dated 3/28/14 documented, "cna [certified nursing assistant #30] served resident's [Resident #261] supper. The supper consisted of the following items 4 oz (ounces) of pulled pork at approximately 5:31 PM the cna [#30] returned to check on him the cna immediately sought out line nurse at 5:32pm LPN [licensed prabtical nurse] #20 immediately responded nquiced that the resident was in ditress [distress] and noted resident's [Resident #261] this were bluish in color the resident was still breathing at this time. The LPN [#20] stimulated the resident with cardiac massage a code titue was called compressions were commenced until EMT's [Emergency Medical Technicinans] arrived EMT arrived at 5:45pm The EMT's and the first responder hooked him up to a monitor stopped the code at approximately 5 55pm "There was no documentation the facility staff performed the Heimlich maneuver for Resident #261. Review of the investigator's report signed and dated on 3/27/14 documented, "[Named Rescue Team] arrived on the scene and cleared his airway but asystole [no heart beat] was confirmed at 1755 [5:55 PM] by paramedics [Named Officer] advised the lollowing: this black male was eating dinner and began choking on his food Fire department paramedics removed the food from his airway and staff threw it away. Due to this accident jurisdiction was accepted and this black male was transported to the [Named]	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	E COMPLETION
[autopsy]"	F 281	Review of a nurses not documented, "cna [a #30] served resident's The supper consisted [ounces] of pulled por PM the cna [#30] return cna immediately soug 5:32pm LPN [license immediately responderesident was in ditress resident's [Resident # color the resident witime. The LPN [#20] so cardiac massage and compressions were confirmed at 5:45pm The responder hooked him the code at approximation the Heimlich maneuver for Review of the investig dated on 3/27/14 doct Rescue Team] arrived his airway but asystole confirmed at 1755 [5:5] [Named Officer] advissional was eating dinner food from his airway at this accident jurisdic black male was transplorensic center for furt [autopsy]"	ote dated 3/28/14 certified nursing assistant is [Resident #261] supper. of the following items 4 oz k at approximately 5:31 rned to check on him the the out the nurse at ed practical nurse] #20 ed noticed that the is [distress] and noted 261] lips were bluish in as still breathing at this timulated the resident with code blue was called ommenced until EMT's fechnicians] arrived EMT the EM T's and the first in up to a monitor stopped ately 5/55pm " There was facility staff performed the ir Resident #261. rator's report signed and umented, "[Named on the scene and cleared to the following: this black began choking on his of paramedics removed the and staff threw it away. Due ction was accepted and this ported to the [Named] ther examination	F 28	Heimlich maneuver was conducted with all stadietary on 3/28/14. On 4/2/14 EMHC perform and education on Heimlich maneuver and sign symptoms of ineffective breathing with all stadietary. Education and training was complete Heimlich maneuver for all new hires as of 3/2 including all dietary staff as well on 8/19/14. A training on Heimlich maneuver with all license CNAs, dietary staff, activity staff, and therapist for 2 pm therapists completed by 8/30/14 The therapists were issued a letter with return reconding that they have to go through training be they're allowed to work. Heimlich maneuver the will be done on all new hires during orientation. Heimlich posters with pictures and instructional placed on every dining room. Color coded meal ticket initiated on 4/4/14 residents on altered diet. All staff were educated tooler code meal ticket 4/14/14 by the Staff Decoded tickets completed by the Staff Develop	raff except red training rns and ff except d on 7/14 A 100% red nurses st except red 2 prn reipt refore raining rns. rons were roor, 4th ror red on the rev. ron color

Facility ID: TN7928

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				· 			
	·	445139	B. WNG_		08/:	27/2014	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SIGNATU	RE HEALTHCARE AT ST	PETER VILLA		141 N MCLEAN			
	<u></u> .			MEMPHIS, TN 38104			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE OPRIATE	(X5) COMPLETION DATE	
			1	4. How will corrective action be monitore	d to ensure	-	
F 281	Continued From page	: 32	F 28	the practice does not recur and what QA	will be put		
	5/16/14 documented,	"Date of Autopsy		into place?			
	Examination: March 2						
		to choking INTERNAL		A daily audit of meal tray cards served			
		SPIRATORY SYSTEM		accuracy with plans of care and MD order	's was	ı	
		d mucus partially occlude		completed for each meal for 30 days begi	nning		
		pieces of non-digested		3/31/14, then 4-6 meal audits for 2 month	s, then		
	distal branches SUN	r bronchi and some more		2 meal audit for a month, and ongoing.			
		Based on the autopsy		_ *	44		
	findings the cause o			On 8/19/14 the nursing staff was audite	1		
	asphyxia due to choki			monitored by ADON and Department hea	ds during		
	. ,			meal time in regards to checking accuracy	y of meals		
		the conference room on		served to patients, then will monitor 20 sta	aff members		
		NA #30 was asked if she		per week for 1 month, 10 staff members p			
		esident #261's choking					
i		ted, "I brought his tray in his		for 1 month, and 5 staff members per wee			
		to check on him and he		month, then random audit weekly x 3 mor	ths. Staff	i	
		stress, like something was ne was okay, and he raised		that failed to follow the plan will be re-edu	cated and		
		lack people hold their hand		trained.			
	up we know something		İ	· A weekly audit of all resident's diet agai	nst the		
Ì	immediately and got th	ne nurse. After that, the					
		NA #30 was asked about		meal tray ticket, physician's orders, and co			
		rse to respond. CNA #30		will be done by the Registered Dietitian st	arted		
		take long I yelled in the		9/8/14 for 1 month and then random week	ly audit		
	distress'. She [Nurse #	e of Resident #261] is in		for 3 months.			
	utstress . Othe [ivuise #	20] came right there.		A Quality Assurance meeting will be hell	d weekly		
	The facility staff failed	to perform the Heimlich		for 4 weeks beginning 8/23/14 and then m			
		ent #261 was noted to be			·		
	in distress, which resu	lted in an immediate		findings, recommendations, and follow-up	regarding		
I .	jeopardy when Reside	nt #261 subsequently		the above plan. At that time based upon e	valuated		
	choked to death.			of the QA Committee will determine at who	at frequency		
	Markatakan sarah sarah sarah			any ongoing audits will need to continue.	Гhe		
	Validation of the Credit			Administrator has the oversight to ensure			
	August 26, 2014, throu	s accomplished on-site					
		riew of in-service records,		effective plan is in place to meet the well-t	ieing of the		
		views with nursing, dietary		residents.		ľ	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445139	B, WNG		C 08/27/2014
	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104	00.21.20.14
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
F 281	and administrative stathe corrective actions implemented which rejeopardy. The facility provided of training with sign in state Heimlich maneuver. Interviews with CNAs managers, charge nutrocities, staff verbalize maneuver. The facility will remain scope and severity lepopardy. The facility is required correction. 483.20(k)(3)(ii) SERV PERSONS/PER CAR The services provided must be provided by caccordance with each care. This REQUIREMENT by: Based on medical recautopsy, review of a minterview, it was deterfollow the care plan in	aff. The surveyors validated stated in the AOC were emoved the immediate evidence of in-service neets, for all staff on the detary staff, nurse rese conducted in the down to do the Heimlich out of compliance at a an isolated deficient es no actual harm with minimal harm that is not let of submit a plan of ICES BY QUALIFIED E PLAN	F 281	1. Resident #261expired 3/27/14. LPN# 20 and CNA#30 received training on identification of codiet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14. Resident #6 was given a correct diet on 8/22/14 CNA#32 was coached and counseled by the Dialogous by the Certified Dietary Manager on 8/24/14 CN was educated by Staff Development Coordinator color coded tickets on 8/30/14. Dietary staff was educated on identification of correct diet and preparation of all types of diet by the Certified Dietary Manager by 8/28/14.	9/25/14 nd 4. ON on elled NA #32 or on ells

	OF DEFICIENCIES F CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			445139	B. WING				C	
NAME OF D	ROVIDER OR SUPPLIER	Щ	770105	0. Time		THE THE PERSON OF THE PERSON O	08/	27/2014	
	RE HEALTHCARE AT ST	PETER	VILLA		14	STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST E	T OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 282	Continued From page (Residents #261 and of 39 residents included failure of the facility to interventions for a the assistance with dining jeopardy when Reside choking, received a w Resident #261 received alone to eat in his root Immediate jeopardy is provider's noncompliar requirements of particular likely to cause, serious or death to a resident. A meeting was conducted on 8/18/14 at 4:52 PM the Director of Nursing informed of the immediate informed on August actions implemented or removed the immediate The immediate jeopart through 8/24/14. The Information of the immediate informed in the immediate information of the immediate information. The facility is Correction. The findings included: 1. Medical record revidocumented an admis readmission date of 12 in the immediate of 12 in the immed	6) same in the solution of follow erapeuting resulting resulting the following and solution and solution in the solution of following injury of the fo	stage 2 review. The the care plan ic diet or provide ed in an immediate who was at risk for ot dog on a bun and ed pork, was left chocked to death. ation in which the ith one or more has caused, or is y, harm, impairment, the conference room the Administrator and y), when they were expandy (IJ) related to exptable Allegation of 2014. It was 214 the corrective ust 25, 2014, had ardy. existed from 3/27/14 removed on 8/25/14. Itinues at a "D" level ed to submit a Plan of	F2		 2. All residents have the potential to be affect same practice. A 100% audit of physician orders against d and verified on care plan on all three floors or on 3/28/2014 by Certified Dietary Manager. Corders were written and referral to speech the needed. Another 100% audit was completed 8/17/14 and all diets match the tray cards. Clariders were written on 10 residents to reflect diets on the MAR. 3. What measures will be put into place to institute practice does not recur? A 100% audit of physician orders against diand verified on care plan on all three floors of on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to the the apist as needed. Another 100% audit was completed on 8/17/14 and all diets match the Clarification orders were written on 10 resider reflect correct diets on the MAR. A daily audit of meal tray cards served for a with plans of care and physician orders was deach meal for 30 days beginning 3/31/14, the meal audits for 2 months, then 2 meal audit for and ongoing. 	iet cards completed Clarification erapist as on arification correct sure that iet cards completed o speech s tray cards ints to inccuracy completed in 4-6	5.	

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER VILLA (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 35 Hemiplegia affecting Non Dominant Side, Lack of Coordination, Difficulty in Walking, Oropharyngeal Dysphagia, Aphasia, Dysarthria, Hypertension, Hemiplegia affecting Dominant Side, Muscle Weakness, Cerebral Vascular Accidents, Diabetes Type 2, Hypertrophy, Dementia and Hyperlipidemia. Review of the physician's orders dated 3/1/14 STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION MEMPHIS, TN 38104 PROVIDER'S PLA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER VILLA (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 35 Hemiplegia affecting Non Dominant Side, Lack of Coordination, Difficulty in Walking, Oropharyngeal Dysphagia, Aphasia, Dysarthria, Hypertension, Hemiplegia affecting Dominant Side, Muscle Weakness, Cerebral Vascular Accidents, Diabetes Type 2, Benign Prostatic Hypertrophy, Dementia and Hyperlipidemia. Review of the physician's orders dated 3/1/14 SIGNATURE HEALTHCARE AT ST PETER VILLA STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) • Education and training conducted on 3/28/14 with all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager. All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an in-service with all dietary staff on choking hazards, different type of diets, and the different types of liquid consistencies.					•	C
SIGNATURE HEALTHCARE AT ST PETER VILLA (X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 282 Continued From page 35 Hemiplegia affecting Non Dominant Side, Lack of Coordination, Difficulty in Walking, Oropharyngeal Dysphagia, Aphasia, Dysarthria, Hypertension, Hemiplegia affecting Dominant Side, Muscle Weakness, Cerebral Vascular Accident with Left Sided Weakness, History of Cerebral Vascular Accidents, Diabetes Type 2, Benign Prostatic Hypertrophy, Dementia and Hyperlipidemia. STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETO OF CARCHY ACTION SHOULD BE CARCHY ACTION SHOULD BE COMPLETO OF CARCHY ACTION SHOULD BE COMPLETO OF CARCHY ACTION SHOULD BE COMPLETO OF CARCHY ACTION SHOULD BE CARCHY ACTION]	445139	B. WNG	-	
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F 282 Continued From page 35 Hemiplegia affecting Non Dominant Side, Lack of Coordination, Difficulty in Walking, Oropharyngeal Dysphagia, Aphasia, Dysarthria, Hypertension, Hemiplegia affecting Dominant Side, Muscle Weakness, Cerebral Vascular Accident with Left Sided Weakness, History of Cerebral Vascular Accidents, Diabetes Type 2, Hypertrophy, Dementia and Review of the physician's orders dated 3/1/14 F 282 all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager. All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an in-service with all dietary staff on choking hazards, different type of diets, and the different types of liquid	PRÉFIX (EACH DEF	ICIENCY MUST I	E PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION DATE
through 3/31/14 and signed by the physician on 3/18/14 documented, "MECHANICAL SOFT DIET WITH PUREED MEAT" Review of a quarterly Minimum Data Set (MDS) dated 1/26/14 documented resident was receiving a mechanically altered diet. Review of a care plan dated 5/16/13 and reviewed 2/14 documented a problem that Resident #261 is a nutrition risk due to a swallowing problem related to dysphagia and requires a mechanically altered diet. The interventions to provide the diet as ordered by the physician, monitor the intake and no bread, rice or or salad. The care plan documented Resident #261 is to be upright for all meals, staff to feed all meals and aspiration precautions. Review of a nurses note dated 3/28/14 documented, "cne [certified nursing assistant #30] served resident's [Resident #261] supper. The supper consisted of the following items 4 oz [ounces] of pulled pork at approximately 5:31 PM the cna [#30] returned to check on him the cna immediately responded noticed that the resident was receiving a staff conducted regarding meal service focused on checking accuracy of diet serve, thickened liquids, signs and symptoms of choking and aspiration by the Staff Development Nurse. • Education and training on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training on 4/2/14 EMHC performed training and education on Heimlich maneuver was o	Hemiplegia affe Coordination, D Dysphagia, Aph Hemiplegia affe Weakness, Cersided Weakness Accidents, Diab Hypertrophy, De Review of the phenough 3/31/14 3/18/14 docume DIET WITH PUR Review of a quadated 1/26/14 document a mechanically and Resident #261 is swallowing probrequires a mechinterventions to physician, monitor salad. The campals and aspir Review of a nurrous documented, " #30] served resimplement of pulled PM the cna [#30] cna immediately 5:32pm LPN [immediately resimplements]	cting Non Do ifficulty in Wa iasia, Dysarti cting Domina ebral Vascula s, History of etes Type 2, ementia and hysician's ore and signed a inted, "ME REED MEAT arterly Minima ocumented re altered diet. e plan dated ocumented a is a nutrition a lem related t anically alter provide the o or the intake re plan docu right for all m ation precau ises note date cana [certified dent's [Resid sisted of the id pork at a id] returned to sought out t icensed prace conded not	alking, Oropharyngeal hria, Hypertension, and Side, Muscle ar Accident with Left Cerebral Vascular Benign Prostatic Hyperlipidemia. ders dated 3/1/14 by the physician on CHANICAL SOFT" Im Data Set (MDS) esident was receiving 5/16/13 and a problem that isk due to a o dysphagia and ed diet. The liet as ordered by the and no bread, rice mented Resident leals, staff to feed all tions. ed 3/28/14 Inursing assistant lent #261] supper. following items 4 oz pproximately 5:31 check on him the he nurse at tical nurse] #20 liced that the	F 282	all dietary staff regarding identification a of all type of diets, competencies for food and thickened liquids by the Certified Die All competencies regarding this were com 4/12/14 for all dietary staff. On 8/4/14, 8/1 and 8/28/14 the Certified Dietary Manage in-service with all dietary staff on choking different type of diets, and the different type consistencies. • Education and training on 3/28/14 with staff conducted regarding meal service for checking accuracy of diet serve, thickenesigns and symptoms of choking and aspir Staff Development Nurse. • Education and training regarding how to Heimlich maneuver was conducted with a dietary on 3/28/14. On 4/2/14 EMHC performed and education on Heimlich maneuver and symptoms of ineffective breathing with all dietary. Education and training was comp Heimlich maneuver for all new hires as of including all dietary staff as well on 8/19/1 training on Heimlich maneuver with all lice CNAs, dietary staff, activity staff, and ther for 2 prn therapists completed by 8/30/14 therapists were issued a letter with return noting that they have to go through training they're allowed to work. Heimlich maneuver	and preparation preparation, ary Manager. spleted on 9/14, 8/24/14, ar did an hazards, bes of liquid all nursing cused on d liquids, ation by the sperform the sp

	OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY
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			445139	B. WING			08.	27/2014
	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER	VILLA		1	TREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST	T OF DEFICIENCIES BE PRECEDED BY FULL ITIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 282	and the resident is to	nad a sign was so his room illed to rapeut be fee y report " Data is to chis SPIRA' di muci pieces ri brond MMAR' Based of deathing" the constant #2 the constant #2 the constant #2 the memory of the constant in the	wallowing problem erved the wrong diet m to feed himself on follow the care plan ic diet of pureed meat d. I signed and dated on e of Autopsy 4 CAUSE OF oking INTERNAL TORY SYSTEM us partially occlude of non-digested thi and some more Y AND on the autopsy is attributed to It looked like roast of remember what asked if the meat y on it. CNA #30 ike pureed. I don't CNA #30 was asked ng incident. CNA #30 his room He usually com. I left I went	F:		 Heimlich posters with pictures and instruction placed on every dining room, 2nd floor, 3rd floor, 4th floor, and main dining room. Color coded meal ticket initiated on 4/4/14 the residents on altered diet. All staff were educative color code meal ticket 4/14/14 by the Staff Coordinator. A 100% in-service with all staff of coded tickets completed by the Staff Develop Coordinator on 8/30/14. How will corrective action be monitored to the practice does not recur and what QA will be into place? A daily audit of meal tray cards served for a with plans of care and MD orders was completed meal for 30 days beginning 3/31/14, then meal audits for 2 months, then 2 meal audit for and ongoing. On 8/19/14 the nursing staff was audited and monitored by ADON and Department heads of meal time in regards to checking accuracy of served to patients, then will monitor 20 staff or per week for 1 month, 10 staff members per well month, and 5 staff members per week for 1 then random audit weekly x 3 months. Staff the to follow the plan will be re-educated and train 	oor, for ted on f Dev. n color ment ensure pe put ccuracy ted for n 4-6 or a month during meals reek for month, at failed	
	was in stress, like son	-	1 -		İ			

PRINTED: 09/11/2014 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 445139 B. WING 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A weekly audit of all resident's diet against the meal F 282 Continued From page 37 F 282 ray ticket, physician's orders, and care plan will be When black people hold their hand up we know something's wrong. I went immediately and got done by the Registered Dietitian started 9/8/14 for 1 the nurse..." month and then random weekly audit for 3 months. During an interview in the conference room on A Quality Assurance meeting will be held weekly for 4 8/18/14 at 3:10 PM, the Dietary Manager (DM) weeks beginning 8/23/14 and then monthly for findings. was asked who updated Resident #261's current ecommendations, and follow-up regarding the above nutrition care plan. The DM stated, "I did. I wrote that on the care plan from the order dated blan. At that time based upon evaluated of the QA 12/17/12 [out of bed for all meals spoon feed all Committee will determine at what frequency any meals and upright for all meals]," ongoing audits will need to continue. The Administrator The facility failed to follow the care plan has the oversight to ensure an effective plan is in place interventions for a therapeutic diet and assisting with dining resulted in the accidental choking o meet the well-being of the residents. death of Resident #261, which resulted in immediate jeopardy. 2. Medical record review for Resident #6 documented an admission date of 10/8/12 with diagnoses of Seizure Disorder, Paraplegia, Right Above the Knee Amputation, Left Eye Blindness, Dysphagia, Dysarthria, Obesity, Ankle-Foot Deformity, Abnormal Posture, Joint Contractures - Multiple Joints, Muscle Weakness, Cognitive Communicative Deficit and Brain Injury.

Review of a quarterly MDS dated 3/14/14

Review of a telephone physician order dated 3/28/14 documented, "...Mech [mechanical] soft

Review of a physician's order dated 8/2/14 documented, "...Diet: NAS; MECHANICAL SOFT;

altered diet and a therapeutid diet.

diet, NAS [No Added Salt] diet, (order

documented Resident #6 received a mechanically

clarification) no bread... at lunch + [and] supper..."

	OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULT A. BUILDII		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETEO		
			445139	B. WNG_				C		
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F 282	Continued From page	: 38		F 2	282					
	Review of a care plan	dated :	9/25/13 and							
	reviewed 2/14 docum									
	Resident is a nutrition risk: As evidenced by NEED FOR MECH ALTERED DIET NEED FOR									
	THERAPEUTIC DIET									
	as ordered (see curre	nt phys	ician orders)	1						
	ASSIST WITH ALL M	EALS A	S NEEDED No							
	bread on trays"									
	Review of a tray meal	ticket o	lated 8/22/14							
	documented, "DIET: MS [I									
	NAS, no bread"	·								
	Observations in Resid	ient #6'	s room on 8/22/14 at							
	5:48 PM, revealed Re	sident	#6 received a dinner							
	tray with a regular hot									
	stated, "Resident is a							ì		
	stay with him until he									
	observations revealed									
	half and handed one									
	surveyor stopped the hot dog in his mouth.									
•	at the meal ticket. CN									
	made a big mistake.		_							
	just looked at mechan									
	,									
	The facility failed to fo	flow the	care plan							
	interventions for a the									
	#6 received a whole h									
	placed Resident #6 a	t risk fo	choking, and							
	Immediate Jeopardy.									
	Validation of the Cred									
	Compliance (AOC) w									
	August 26, 2014, thro									
	documents, audits, re									
	observations and inte									
	and administrative sta	aff. The	surveyors validated							

	DF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA ITIFICATION NUMBER:	1	IPLE CONSTRUCTION		SURVEY PLETED
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F 282	Continued From page the corrective actions implemented which rejeopardy. The facility provided etraining with sign in starvice to include reviverification of correct meal tickets. The facility provided etraining for all dietary identification and prepompetencies for foodliquids by the certified. The facility provided etraining for all dietary identification and prepompetencies for foodliquids by the certified. The facility provided etraining for the facility provided etraining for all dietary identified on the care placework to residents to kitchen to the floors at meals on the trays. Interviews with CNAs, nurses conducted in the thought the tray ticket it in the continuent to the ground continue to accuracy of the meal of the continuent to accuracy of the meal of the continuent to the ground continuent to accuracy of the meal of the continuent to the ground continuent to accuracy of the meal of the continuent to the ground continuent to accuracy of the meal of the continuent to the continuent to accuracy of the meal of the continuent to the ground continuent to the ground continuent to accuracy of the meal of the continuent to the ground continuen	stated in moved to a vidence personner dietary vidence lers to man. Accuminclude and tray to an agers of monitor monitor monitor propers and vanagers of monitor monit	the immediate of in-service or all staff on the tray each meal ticket for yed and color coded of in-service eel regarding of diets, ation and thickened manager. of audits that heal tickets and uracy of meals trays from the ickets verified with nanagers, charge y, staff verbalized ber diets and what a colored meal is verbalized how or and audit the	F 2			
	Observations in the fa 8/27/14 revealed staff meal tickets to the foo delivered to the halls, by the staff member with the resident.	physica d tray w and ther hen the	illy checking the hen the cart was n a second check tray is delivered to				

	OF DEFICIENCIES F CORRECTION	' '	OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:			E CONSTRUCTION (SURVEY
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F 282	scope and severity lever practice that constitute potential for more that immediate jeopardy. The facility is required	vel "D" es no a n minir	ectual harm with nal harm that is not	F	282		į	
F 309 SS=J			RE/SERVICES FOR NG receive and the facility must recare and services to attain st practicable physical, recal well-being, in		309	1. Resident #261expired 3/27/14. LPN# 20 at CNA#30 received training on identification of diet, consistency of fluid, color coded tickets, a Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14. Resident #6 was given a correct diet on 8/22/14 CNA#32 was coached and counseled by the E on 8/26/14. Dietary staff was coached and counseled by the Certified Dietary Manager on 8/24/14 C	correct and 14. DON unseled CNA #32	9/25/14
	This REQUIREMENT by: Based on review of the Luckmann's Basic Nur Approach, medical recinvestigator's report, refer a tray card, observed determined the facility services necessary to practicable physical, mell-being of residents physician orders for the (Residents #261 and 6 included in the stage 2 to follow therapeutic diwas at risk for choking included a whole hot of #261 received a plate instead of pureed mea	ne Sore rsing a cord re eview o ation an failed mainta nental, s when erape revier iets wh recei dog on that in	ensen and Psychophysiologic view, review of the of an autopsy, review nd interview, it was to provide care and ain the highest and psychosocial staff failed to follow utic diets for 2 of 39 pled residents w. The facility failed ren Resident #6, who ved a plate that a bun and Resident cluded pulled pork			was educated by Staff Development Coordina color coded tickets on 8/30/14. Dietary staff was educated on identification of correct diet and preparation of all types of diet by the Certified Dietary Manager on 8/28/14. 2. All residents have the potential to be affect by the same practice. • A 100% audit of physician orders against di cards and verified on care plan on all three flor completed on 3/28/2014 by Certified Dietary M Clarification orders were written and referral to speech therapist as needed. Another 100% at completed on 8/17/14 and all diets match the transition orders were written on 10 residents to reflect correct diets on the MAR.	as ted iet ors Manager o udit was	

PRINTED: 09/11/2014 FORM APPROVED OMB NO. 0938-0391

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F 309	failed to perform the late remove what is blochoking and suffocation accidental choking definition and including and suffocation accidental choking definition accidental choking definition accidental choking definition accidents result jeopardy which is a significant provider's noncompliar requirements of particular provider's noncompliar requirements of particular provided accidental to a resident. The immediate jeopard substandard quality of the immediate jeopard and substandard quality of the immediate jeopard accidental provided accompliance on Augustactions implemented removed the immediate jeopart through 8/24/14. The Noncompliance for F3	In during dining and star- leimlich maneuver (act cking the airway) to pre- on which resulted in the eath of Resident #261. Ited in an immediate tuation in which the ance with one or more cipation has caused, or s injury, harm, impairmed to see the conference of the care. If with the Administrator (ON), and Assistant Direction of the were informed by (IJ). In acceptable Allegation of the corrective on August 25, 2014, has the jeopardy. If was removed on 8/26/2014 was removed on 8/26/2014 was removed on 8/26/2019 continues at a "D" leading to the plant of the corrective on August 25, 2014, has the jeopardy. If was removed on 8/26/2019 continues at a "D" leading to submit a plant of the corrective of th	ff ion vent is sent, 14 room cotor of 16 rof 26 ro/14 royal a server is	3. What measures will be put into place this practice does not recur? • A 100% audit of physician orders aga and verified on care plan on all three floon 3/28/2014 by Certified Dietary Manage Clarification orders were written and refespeech therapist as needed. Another 10 completed on 8/17/14 and all diets mate cards. Clarification orders were written to reflect correct diets on the MAR. • A daily audit of meal tray cards serve with plans of care and physician orders each meal for 30 days beginning 3/31/14 meal audits for 2 months, then 2 meal a month, and ongoing. • Education and training conducted on 3 all dietary staff regarding identification preparation of all type of diets, competer preparation, and thickened liquids by the Dietary Manager. All competencies regal were completed on 4/12/14 for all dietary 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Dietary Manager did an in-service with a staff on choking hazards, different type of the different types of liquid consistencies. Education and training on 3/28/14 with staff conducted regarding meal service for checking accuracy of diet serve, thicken signs and symptoms of choking and asp Staff Development Nurse.	nst diet cards ors completed ger. erral to 0% audit was in the tray in 10 residents d for accuracy was completed it, then 4-6 udit for a it/28/14 with and icies for food certified rding this is staff. On the Certified Il dietary if diets, and all nursing ocused on the diquids,	

Facility ID: TN7928

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F 309	Continued From page 1. Review of the Sore Basic Nursing a Psych third edition, page 576 obstructed airway, doe techniques for relievin obstruction are manual thrusts (Heimlich man Medical record review documented an admis readmission date of 13 Hemiplegia affecting N Coordination, Difficulty Dysphagia, Aphasia, I Hemiplegia affecting I Weakness, Cerebral N Sided Weakness, Hist Accidents, Diabetes T Hypertrophy, Dementi Review of the physicial through 3/31/14 and s 3/18/14 documented, DIET WITH PUREED Review of a quarterly I dated 1/26/14 docume received a mechanical Review of a care plan reviewed 2/14 docume Resident #261 is a nul Resident #261 is a nul	ensen and hophysiolo 6, manage cumented g foreign al chest ar euver) and for Resid ssion date 2/13/12 will hon Domirant 3/2 ascular A cory of Cer ype 2, Ber a and Hygrands orders igned by the MEAT" Minimum I sented Resid altered dated 5/11 ented a produce of the cor	ogic Approach, ement of I, "The two body airway and abdominal and finger sweeps." Ident #261 e of 6/4/12 with a with diagnoses of anant Side, Lack of ang, Oropharyngeal a, Hypertension, Side, Muscle accident with Left rebral Vascular anign Prostatic perlipidemia. s dated 3/1/14 the physician on ANICAL SOFT Data Set (MDS) ident #261 I diet. 6/13 and roblem that	F3		Education and training regarding how to perform the second s	aff except ed training ns and if except d on 7/14 100% ed nurses, et except 2 prn eipt noting ney're will be ons were oor, 4th or ed on f Dev. n color	
ļ	swallowing problem re requires a mechanical interventions to provid physician, monitor the care plan documented upright for all meals, s	ly altered e the diet intake and Resident taff to feed	diet. The as ordered by the id no bread. The t #261 is to be					
	aspiration precautions	. 1			- 1			

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F 309	Review of a nurses not documented, "cna [u #30] served resident's The supper consisted [ounces] of pulled por PM the cna [#30] return cna immediately sough 5:32pm LPN [licens immediately responderesident was in ditress resident's [Resident #color the resident was incompressions were confirmed and the first resident's and the first resident's and the first resident's and the first resident's and the first resident's staff performed facility staff performed Review of the investig dated on 3/27/14 doct Rescue Team] arrived his [Resident #261] aideat] was confirmed a paramedics [Named following: this black materials beat] was confirmed a paramedics removed and staff threw it away jurisdiction was accept transported to the [Nafurther examination [a Review of the autons was presented to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept transported to the support of the autons was accept to the support of the autons was accept to the support of the s	ote date certifier (Control of the k at a red to the certifier (Control of the certifier (Con	nursing assistant ent #261] supper. following items 4 oz pproximately 5:31 check on him the he nurse at stical nurse] #20 ficed that the ass] and noted as were bluish in breathing at this ed the resident with ue was called ced until EMT's lans] arrived. etween at 5:45pm The r hooked him up to a at approximately umentation the similich maneuver. eport signed and d, "[Named scene and cleared ut asystole [no heart [5:55 PM] by r] advised the s eating dinner and Fire department d from his airway to this accident this black male was brensic center for"	F3	608	4. How will corrective action be monitored to the practice does not recur and what QA will into place? • A daily audit of meal tray cards served for a with plans of care and MD orders was compeach meal for 30 days beginning 3/31/14, the meal audits for 2 months, then 2 meal audit month, and ongoing. • On 8/19/14 the nursing staff was audited an monitored by ADON and Department heads meal time in regards to checking accuracy of served to patients, then will monitor 20 staff per week for 1 month, 10 staff members per 1 month, and 5 staff members per week for 1 month, and 5 staff members per week for 1 to follow the plan will be re-educated and trate. A weekly audit of all resident's diet against tray ticket, physician's orders, and care plan done by the Registered Dietitian started 9/8/1 month and then random weekly audit for 3. • A Quality Assurance meeting will be held wheeks beginning 8/23/14 and then monthly findings, recommendations, and follow-up rethe above plan. At that time based upon evatof the QA Committee will determine at what any ongoing audits will need to continue. The Administrator has the oversight to ensure an plan is in place to meet the well-being of the	be put accuracy leted for en 4-6 for a during f meals members week for I month, that failed ined. the meal will be 14 for months. veekly for garding luated frequency e effective	

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F 309	Continued From page 5/16/14 documented, Examination: March 2 DEATH: Asphyxia due EXAMINATION RE: Non-digested food and the upper airway, and food occlude the lobal distal branches SUI INTERPRETATION findings the cause of asphyxia due to choke During an interview in 8/14/14 at 4:30 PM, the Resident #261 choke believe it was pulled promised in a puring an interview in 8/14/14 at 5:00 PM, the Community of the was present during Resident. CNA #30 staroom I went back in seemed like he was in wrong. I asked him if the up his hand I went in nurse" CNA #30 was diet was Resident #26 don't really remember or a pureed diet. It look like stringy. I can't ren CNA #30 was asked if it had gravy on it. Cididn't look like pureed gravy on it."	" Date 18, 2014 at to che 20 SPIRAT of mucu pieces or bronce MMAR's Based of death fing" at the come DON of on. The ork or the come was medians the was medians then a stress from the was at the come of the was medians the was medians the was medians the was at the company of the was at the company of the was at the company of th	c CAUSE OF cking INTERNAL ORY SYSTEM Is partially occlude of non-digested hi and some more AND on the autopsy is attributed to Inference room on was asked what he DON stated, "I roast beef." Inference room on was asked if she #261's choking orought his tray in his out in the dining to on him and he like something was okay, and he raised ately and got the esked what type of INA #30 stated, "I as on a regular diet eroast beef, it was what else he had." eat was pureed and stated, "It [meat] tremember any	F	309			
	8/18/14 at 3:10 PM, the was asked about Res							:

NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER VILLA VIA 10		OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '	IPLE CONS			(X3) DATE	SURVEY PLETED
NAME OF PROVIDER OR SUPPLER SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN. 39104 SUMMARY STATEVEN OF DEPOCRACES REGIL ATORY OR LSC IDEM/STYNING INFORMATION) FREGIX TAG Continued From page 45 therapeutic diet and who updated Resident #281's current nutrition care plan. The DM stated, "I did. I wrote that on the care plan from the order dated 12/17/12 (out of bed for all meals spoon feed all meals and upright for all meals spoon feed all meals and upright for sessionace. The RD stated, "I don't think so (this assistance. The RD stated, "I don't think so (this assistance. The RD stated, "I don't think so (this was stated with emphasis.]." The facility felled to ensure Resident #261 received the proper therapeutic diet, falled to perform the Heinlich maneutyer when Resident #2581 was noted to be in distress, and subsequently choket do death, which resulted in an immediate jeopardy. 2. Medical record review for Resident #8 documented an admission date of 10/18/12 with diagnoses of Obesity, Paraplejia, Hypertension, Joint Contracture, Muscle Weekness, Ankle-Foot Deformity, Convulsions, Abnormal Posture, Cognitive Communicative Deficit. Brain Injury, Amputee Right Above The Kree, Head Injury, Dysphagia, Dysarthria and Leff Eye Blindness. Review of an admission MDS dated 3/14/14 documented Resident #6 recitived of the respective, STAGE PROPRIET TAGO PROPRIET Name PROPRIET AND OF CORRECTION PREFIX TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PROPRIET TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PROPRIET TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PROPRIET TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PREFIX TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PREFIX TAGO PROPRIET TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PREFIX TAGO PROPRIET TAGO PROPRIET NAME (RAPING SALAN OF CORRECTION) PREFIX TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TAGO PROPRIET TA				445420						С
SIGNATURE HEALTHCARE AT ST PETER VILLA	NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	445139	B. WING_	CTREET	ADDOCOD OFFICE TO CORE		08	/27/2014
FREFIX TAG REGULATORY OR LSC IDENT PYINS INFORMATION) F 309 Continued From page 45 therapeutic diet and who updated Resident #261's current nutrition care plan. The DM stated, "I did. I wrote that on the care plan from the order dated 12/17/12 (out of bed for all meals spoon feed all meals and upright for all meals)." During a telephone interview on 8/18/14 at 3:50 PM, the Registered Dietician (RD) was asked about Resident #261's diet orders and need for assistance. The RD stated, "It is diet order changed a lot. He was at high risk of choking. There was other food he couldn't have. As far as I know he was supposed to be fed." The RD was asked if he should have been left alone in his room to eat. The RD stated, "It don't think so [this was stated with emphasis]." The facility failed to ensure Resident #261 received the proper therapeutic diet, failed to perform the Heimlich maneuver when Resident #281 was noted to be in distress, and subsequently choked to death, which resulted in an immediate jeopardy. 2. Medical record review for Resident #8 documented an admission date of 10/18/12 with diagnoses of Obesity, Paraplegia, Hypertension, Joint Contracture, Muscle Weakness, Ankie-Foot Deformity, Convulsions, Abnármal Posture, Cognitive Communicative Defeix, Bratin Injury, Amputee Right Above The Knee, Head Injury, Dysphagia, Dysarthria and Left Eye Blindness. Review of an admission MDS dated 3/14/14 documented Resident #6 received at therapeutic,			T PETER	VILLA		141 N M	CLEAN			
therapeutic diet and who updated Resident #261's current nutrition care plan. The DM stated, "I did. I wrote that on the care plan from the order dated 12/17/12 [out of bed for all meals spoon feed all meals and upright for all meals]." During a telephone interview on 8/18/14 at 3:50 PM, the Registered Dietician (RD) was asked about Resident #261's diet orders and need for assistance. The RD stated, "Itis diet order changed a lot. He was at high risk of choking. There was other food he couldn't have. As far as I know he was supposed to be fed." The RD was asked if he should have been left alone in his room to eat. The RD stated, "I don't think so [this was stated with emphasis]." The facility failed to ensure Resident #261 received the proper therapeutic diet, failed to monitor Resident #261 during dining and failed to perform the Heimlich maneuver when Resident #264 was noted to be in distress, and subsequently choked to death, which resulted in an immediate jeopardy. 2. Medical record review for Resident #6 documented an admission date of 10/18/12 with diagnoses of Obesity, Paraplegia, Hypertension, Joint Contracture, Muscle Weskness, Ankle-Foot Deformity, Convulsions, Abnémal Posture, Cognitive Communicative Deficit, Brain Injury, Amputee Right Above The Knee, Head Injury, Dysphagia, Dysarthria and Left Eye Blindness. Review of an admission MDS dated 3/14/14 documented Resident #6 ecolived a therapeutic,	PREFIX	(EACH DEFICIENT	CY MUST B	E PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SECRET CROSS-REFERENCED TO THE AP	HOULD BE		COMPLETION
i i i i i i i i i i i i i i i i i i i	F 309	therapeutic diet and #261's current nutriti "I did. I wrote that on dated 12/17/12 [out of feed all meals and upon the properties of the p	who updon care in the care of bed for pright for interview Dietician 's diet or stated, 's as at high died to be ave been stated, 's hasis]." ensure Repeated to diet of the care of the	plan. The DM stated, plan from the order rall meals spoon all meals]." on 8/18/14 at 3:50 (RD) was asked reders and need for dis diet order raisk of choking. If the RD was alleft alone in his all don't think so [this diet, failed to gray and failed to gray and failed to rer when Resident ess, and ray, which resulted in Resident #6 te of 10/18/12 with egia, Hypertension, eakness, Ankle-Foot formal Posture, ficit, Brain Injury, aft Eye Blindness.	F3	809				

	OF DEFICIENCIES CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			445139	B. WING_			1	C 27/2014
	ROVIDER OR SUPPLIER	PETER	VILLA		1	STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104	1. 00/	2//2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	' MUST B	OF DEFICIENCIES E PRECEDED BY FULL TIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page reviewed 2/14 docum Resident is at nutrition NEED FOR MECH [m] THERAPEUTIC DIET as ordered (see curre ASSIST WITH ALL MI Review of a physician 8/2/14 documented, "SOFT NO BREAD Review of a supper tradocumented, "DIET NAS [No Added Salt], Observations on the 48/22/14 at 5:48 PM, OResident #6's room. In dog on a bun with free "He is a choke risk an until he is finished eat dog in half and hande surveyor stopped the hot dog in his mouth. at the meal ticket. CN made a big mistake. I soft. We forget." During an interview at on 8/23/14 dinner tray with on a bun. The DM state of the line didn't catch and didn't catch it, did will be clarified today, soft diet is at risk for omissed it. I own it."	ented, a risk: A echani Appint physe EALS A sorde Diet ay card no bre the floor NA #32 show the 4th the world the	s evidenced by cal] ALTERED oach Provide diet ician orders) S NEEDED" r signed and datedMECHANICAL dated 8/22/14 lechanical Softj, ad" north hall on delivered a tray to al was a regular hot s. CNA #32 stated, have to stay with him NA #32 cut the hot Resident #6. The at from placing the 32 was asked to look stated, "I almost sked at mechanical floor nurses' desk M was asked about ong diet on the s a regular hot dog he person at the end people looked at it enough attention, ody on mechanical	F	309			

PRINTED: 09/11/2014 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_ С 445139 B. WING 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 47 F 309 The facility failed to follow the physician order for a therapeutic diet when Resident #6 received a whole hot dog on a bun, which placed Resident #6 at risk for choking and in immediate jeopardy. Validation of the Credible Allegation of Compliance was accomplished on-site August 26. 2014, through review of facility documents, audits, review of in-service records, observations and interviews with nursing, dietary and administrative staff. The facility provided evidence of in-service training with sign in sheets, for all staff on the Heimlich maneuver, tray service to include review of each meal ticket for verification of correct diet served and color coded meal tickets. The facility provided evidence of in-service training for all dietary personnel regarding identification and preparation of diets. competencies for food preparation and thickened liquids by the certified dietary manager. The facility provided evidence of audits that included physician orders to meal tickets and verified on the care plan. Accuracy of meals served to residents to include trays from the kitchen to the floors and tray tickets verified with

delivery.

meals on the travs.

Interviews with CNAs, dietary staff, nurse managers, charge nurses conducted in the facility, staff verbalized how to properly check for proper diets and matching the tray tickets. Nurse managers verbalized how they would continue to monitor and audit the accuracy of the meal

STATEMENT (AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CL/A IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445139	B. WING	<u></u>	C
	ROVIDER OR SUPPLIER	PETER VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104	08/27/2014
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	Observations in the fa 8/27/14 revealed staff meal tickets to the foodelivered to the halls, by the staff member withe resident. The facility will remain scope and severity leveractice that constitute potential for more than immediate jeopardy. The facility is required correction. 483.35(d)(3) FOOD IN INDIVIDUAL NEEDS Each resident receives food prepared in a form individual needs. This REQUIREMENT by:	cility on 8/26/14 and physically checking the d tray when the cart was and then a second check then the tray is delivered to out of compliance at a rel "D" an isolated deficient as no actual harm with minimal harm that is not to submit a plan of I FORM TO MEET	F 36	1. Posidost #254 aurio d 2/07/44 1 DN/# 00	of correct s, and nt 2/14. e DON counseled
	meal tray card, medical observation and intervious facility failed to provide diet for 2 of 39 (Reside residents of the 39 res 2 review. The facility fadiets when Resident # choking, received a plate of pulled pork institutions.	at record review, iew, it was determined the e the correct therapeutic ents #261 and 6) sampled idents included in the stage ailed to follow therapeutic 6, who was at risk for ate that included a whole Resident #261 received a tead of pureed meat and o death. These incidents		CNA #32 was educated by Staff Developme Coordinator on color coded tickets on 8/30/1 Dietary staff was educated on identification correct diet and preparation of all types of di the Certified Dietary Manager on 8/28/14.	14. of

	OF DEFICIENCIES F CORRECTION		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	' '		CONSTRUCTION		SURVEY
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			445139	B. WNG_		·	l	27/2014
	ROVIDER OR SUPPLIER				14	TREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN EMPHIS, TN 38104		
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST 6	OF DEFICIENCIES E PRECEDED BY FULL TIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 365	is likely to cause, se impairment, or death A meeting was cond on 8/18/14 at 4:52 P the Director of Nursi informed of the Imm to choking. The facility provided Compliance on Augu actions implemented removed the immediate jeops through 8/24/14. The Noncompliance for Editation. The facility is correction. The findings included the Medical record redocumented an admireadmission date of Hemiplegia affecting	noncomor participations injusted in M, with mg (DON ediate Je an access 25th, st 26, 20 fon August 25th was 5365 consisted in access required in the man access and in the man a	ation has caused, or lry, harm, sident. The conference room the Administrator and label to perform the Administrator and label to perform the Administrator and label to perform the Administrator and label to perform the Administrator and label to perform the Administrator and label to perform the Administrator and label to perform the Administration of label to perform the Administration of label to perform the Administration of label to perform the Administration of label to perform the Administration of label to perform the Administration of label to perform the Administration of label to perform the Administration of label the Adminis	F 3		2. All residents have the potential to be affect the same practice. • A 100% audit of physician orders against dand verified on care plan on all three floors on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR. 3. What measures will be put into place to insthis practice does not recur? • A 100% audit of physician orders against diand verified on care plan on all three floors or on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the cards. Clarification orders were written on 10 to reflect correct diets on the MAR. • A daily audit of meal tray cards served for a with plans of care and physician orders was deach meal for 30 days beginning 3/31/14, the meal audits for 2 months, then 2 meal audit for month, and ongoing.	iet cards completed co speech stray sure that iet cards completed co speech tray residents accuracy completed n 4-6	

PRINTED: 09/11/2014 FORM APPROVED OMB NO. 0938-0391

		OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			445400	2 11110			С	
NAME OF S	DAVIDED OF CURPUIED	<u> </u>	445139	B. WING			08.	27/2014
	PROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER	VILLA	,	1	TREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST E	OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
F 365	Continued From page thru 3/31/14 and sign 3/18/14 documented, LIQUIDS MECHAN PUREED MEAT" Review of a nurses of documented, "CNA #30] served resident's The supper consisted [ounces] of pulled por Review of the autops 5/16/14 documented, Examination: March 2 DEATH: Asphyxia due autopsy findings the to asphyxia due to ch During an interview in 8/14/14 at 4:30 PM, th (DON) was asked whon. The DON stated, or roast beef." During an interview in 8/14/14 at 5:00 PM, Ctype of diet was Resid stated, "It don't really regular diet or a puree beef, it was like string else he had." CNAs #was pureed and if it his stated, "It [meat] didn' remember any gravy to buring a telephone in PM, the Registered Dabout Resident #261's stated, "His diet order	ed by the content of	NEY THICKENED OFT DIET WITH ad 3/28/14 led nursing assistant lent #261] supper. following items 4 oz signed and dated on of Autopsy CAUSE OF king Based on the of death is attributed ference room on tor of Nursing dent #261 choked le it was pulled pork afterence room on to was asked what of on. CNAs #30 ler if he was on a lt looked like roast t remember what asked if the meat y on it. CNAs #30 ke pureed. I don't on 8/18/14 at 3:50 (RD) was asked ders. The RD	F	365	 Education and training conducted on 3/28/all dietary staff regarding—identification and preparation of all type of diets, competencies food preparation, and thickened liquids by the Certified Dietary Manager. All competencies this were completed on 4/12/14 for all dietary. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Dietary Manager did an in-service with all die on choking hazards, different type of diets, and different types of liquid consistencies. Education and training on 3/28/14 with all ristaff conducted regarding meal service focus checking accuracy of diet serve, thickened lidic signs and symptoms of choking and aspiration Staff Development Nurse. Education and training regarding how to perfer dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffect breathing with all staff except dietary. Educat training was completed on Heimlich maneuver with all staff except dietary. Educat training was completed on Heimlich maneuver with all licensed nurses, CNAs, die staff, activity staff, and therapist except for 2 therapists completed by 8/30/14 The 2 printh were issued a letter with return receipt noting they have to go through training before they'r allowed to work. Heimlich maneuver training be done on all new hires during orientations. 	e for e regarding r staff. e Certified etary staff and the nursing ed on quids, on by the erform the eaff an etive ion and er for all etaff as etary prn erapists that ee	

Facility ID: TN7928

		ENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445139	139 B. WNG			C		
NAME OF P	ROVIDER OR SUPPLIER	_l				STREET ADDRESS, CITY, STATE, ZIP CODE	1 08	<u>/27/201</u> 4
SIGNATU	RE HEALTHCARE AT ST	F PETER	VILLA			41 N MCLEAN MEMPHIS, TN 38104		
(X4) ID PREFIX TAG					ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)			(X5) COMPLETION DATE
F 365	high risk of choking. couldn't have" The facility failed to e received the proper t resulted in an immed resident subsequent 2. Medical record re documented an adm diagnoses of Obesity	There we ensure I herapeo liate jeo by choke view for ission d	Resident #261 Itic diet which pardy when the d to death. Resident #6 ate of 10/18/12 with legia, Hypertension,		365	 Heimlich posters with pictures and instructive were placed on every dining room, 2nd floor 4th floor, and main dining room. Color coded meal ticket initiated on 4/4/14 residents on altered diet. All staff were educithe color code meal ticket 4/14/14 by the Staff Coordinator. A 100% in-service with all staff coded tickets completed by the Staff Develor Coordinator on 8/30/14. How will corrective action be monitored to 	or, 3rd floor 4 for cated on staff Dev. ff on color	
	Deformity, Convulsion Cognitive Communical Amputee Right Above Dysphagia, Dysarthrical Review of an admission (MDS) dated 3/14/14 received a mechanical therapeutic diet.	ons, Abn cative De re The K ria and L sion Mini 4 docum	eficit, Brain Injury, thee, Head Injury, eft Eye Blindness. imum Data Set ented Resident #6			the practice does not recur and what QA will put into place? • A daily audit of meal tray cards served for with plans of care and MD orders was compleach meal for 30 days beginning 3/31/14, the meal audits for 2 months, then 2 meal audit month, and ongoing.	accuracy leted for en 4-6	
	Review of a physicia 8/2/14 documented, SOFT NO BREAD. Review of a supper to documented, "DIET NAS [No Added Salt]	"Diet " ray card r: MS [N	MECHANICAL dated 8/22/14 echanical Soft],			On 8/19/14 the nursing staff was audited a monitored by ADON and Department heads meal time in regards to checking accuracy of served to patients, then will monitor 20 staff per week for 1 month, 10 staff members per	during f meals members	
	8/22/14 at 5:48 PM, 0 Resident #6's room. dog on a bun with fre "He is a choke risk ar until he is finished ea dog in half and hands surveyor stopped the hot dog in his mouth.	the 4th floor north hall on M, CNAs #32 delivered a tray to om. The meal was a regular hot on french fries. CNAs #32 stated, sk and I will have to stay with him of eating" CNAs #32 cut the hot anded it to Resident #6. The I the resident from placing the outh. CNAs #32 was asked to eard. CNAs #32 stated, "I almost				1 month, and 5 staff members per week for then random audit weekly x 3 months. Staff to follow the plan will be re-educated and tra	that failed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			445139	B. WING_	B. WING		C 08/27/2014	
	(EACH DEFICIENC	ATEMENT Y MUST B	VILLA OF DEFICIENCIES E PRECEDED BY FULL (IFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD		41 N MCLEAN	(X5) SE COMPLETION	
F 365	Continued From page made a big mistake. soft. We forget." During an interview a on 8/23/14 at 7:40 Ah was asked about Residiet on the 8/22/14 di regular hot dog on a liperson at the end of the people looked at it an enough attention, will on mechanical soft di department missed it. The facility failed to for a therapeutic diet who whole hot dog on a bit at risk for choking, jeopardy. Validation of the Cred Compliance was according according to the compliance was according and interviews with madministrative staff. The facility provided ettraining with sign in sistervice to include reviverification of correct meal tickets. The facility provided ettraining for all dietary identification and prepompetencies for foodliquids by the certified	t the 4th I, the D ident #6 Inner tra bun. The he line d didn't be clari et is at I I own i I	a floor nurses' desk ietary Manager (DM) a receiving the wrong y which was the e DM stated, "The didn't catch it. Two catch it, didn't pay fled today anybody isk for choking. My t." e physician order for dent #6 received a th placed Resident ag in immediate gation of ed on-site August 26, by documents, cords, observations dietary and e of in-service or all staff on tray ach meal ticket for wed and color coded e of in-service hel regarding of diets, ation and thickened	F3	365	• A weekly audit of all resident's diet against tray ticket, physician's orders, and care plan done by the Registered Dietitian started 9/8/month and then random weekly audit for 3 m. A Quality Assurance meeting will be held w. 4 weeks beginning 8/23/14 and then monthly findings, recommendations, and follow-up rethe above plan. At that time based upon eval the QA Committee will determine at what free any ongoing audits will need to continue. The Administrator has the oversight to ensure an plan is in place to meet the well-being of the second plan.	will be 14 for 1 onths. veekly for for garding uated of quency effective	

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SIGNATURE HEALTHCARE AT ST PETER VILLA 141 N MEMI	EET ADDRESS, CITY, STATE, ZIP CODE N MCLEAN MPHIS, TN 38104	08/27/2014
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
F 365 Continued From page 53 The facility provided evidence of audits that included physician orders to meal tickets. Accuracy of meals served to residents to include trays from the kitchen to the floors and tray tickets verified with meals on the trays. Interviews with CNAs, dietary staff, nurse managers, charge nurses conducted in the facility, staff verbalized how to properly check for proper diets and matching the tray tickets. Nurse managers verbalized how they would continue to monitor and audit the accuracy of the meal delivery. Observations in the kitchen on 8/2614 and 8/27/14 revealed staff physically checking the meal tickets to the food tray before being placed on the cart. Observations in the facility on 8/2614 and 8/27/14 revealed staff physically checking the meal tickets to the food tray when the cart was delivered to the halls, and then again by the staff member when the tray was delivered to the resident. The facility will remain out of scopp and severity level "D" an isolated deficient practice that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy. The facility is required to submit a plan of		
A facility must be administered in a manner that or m	e facility will administer in a manner that e it's resources effectively and efficiently to maintain the highest practicable physical, n I psychosocial well-being of each resident.	attain

		DVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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			445139	B. WNG_			l	27/2014	
NAME OF PI	ROVIDER OR SUPPLIER				5	TREET ADDRESS, CITY, STATE, ZIP CODE		2112014	
					1	41 N MCLEAN			
SIGNATU	RE HEALTHCARE AT ST	PETER	VILLA			MEMPHIS, TN 38104			
(X4) ID	SUMMARY STA	TEMENT	OF DEFICIENCIES	iD		PROVIDER'S PLAN OF CORRECTION		(X5)	
PRÉFIX TAG			E PRECEDED BY FULL TIFYING INFORMATION)	PREFIX TAG	<	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
						2. All residents have the potential to be aff	ected by		
F 490	Continued From page	: 54		F 4	190	the same practice.			
	efficiently to attain or r	maintai	n the highest			'		<u> </u>	
	practicable physical, n	nental,	and psychosocial					1	
	well-being of each res	ident.							
	This REQUIREMENT	is not	met as evidenced						
	by:								
	Based on policy revie				- 1				
	and Luckmann's Basic		, -		ı				
	Psychophysiologic Ap			Ī	- 1		-		
	detail sheet, review of	•	•					i	
	of an investigator's rep								
	report, review of a me								
	review, observation ar		1						
	determined the facility								
	a manner that enabled								
	effectively and efficien								
	practicable physical ar								
	of the residents as evi		1 * -				1		
	residents were protect resident abuse, to ens								
	implemented to ensure						į		
	neglect were thorough								
	reported to administra	-	_	•					
	#130 and 261) resider						-		
	adherence to current r		-						
	practice related to em						-		
	choking for 1 of 39 (Re								
	failing to ensure staff f								
	care and physician ord								
	related to therapeutic			}					
1	#6 and 261) residents								
	functioning medical eq								
	a tracheostomy for 1 c								
	residents with a trache								
	residents were free fro								
	medications related to		, -						
i	medications and failing		_		ı		1		
	notification of abnorma								

			OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULT A. BUILOI			(X3) DATE SURVEY COMPLETED		
			445139	B. WING			01	C 3/27/2014	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER		PETER	t VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			NZ112014	
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F 490	Continued From pag (Residents 25 and 26 coumadin; and failure assurance program vissues and concerns noncompliance ident noted above resulted a situation in which the with one or more requise caused, or is like harm, impairment, or A meeting was conduon 8/18/14 at 4:52 Pl the Director of Nursir were informed of the choking. A meeting was conduon 8/20/14 at 12:15 Fand the DON, at which of the IJ related to time. A meeting was conduon 8/21/14 at 12:46 Fand the DON, at which of the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to meeting was conducted to the IJ related to the IJ related to the IJ related to the IJ related to meeting was conducted to the IJ related to the IJ r	objecto enside to ensive as effected in immediate to cause of the province of	ure the quality ctive in identifying to the ve. The incidents ediate jeopardy (IJ), der's noncompliance ts of participation use, serious injury, o a resident. The conference room the Administrator and at which time they do to abuse and The conference room the Administrator ney were informed result notification. The conference room the Administrator ney were informed ney were informed result notification. The conference room the Administrator ney were informed ning suction mproper The ptable Allegation of 2014 and one on ermined on August is implemented on oved the IJ. The existed from 2/14/14 emoved on 8/26/14.		490				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445139	B. WNG		С	
NAME OF P	ROVIDER OR SUPPLIER	440103		STREET ADDRESS, CITY, STATE, ZIP CODE	08/27/2014	
	RE HEALTHCARE AT ST	PETER VILLA	1	41 N MCLEAN MEMPHIS, TN 38104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
F 490	Continued From page citation. The facility is correction. The findings included	required to submit a plan of	F 490	Please refer to attachment for Tags F224, F225 and F226.		
	were protected from pabuse during investig and failed to ensure to policies were implemed abuse were thorous reported to administration immediate jeopard physician orders were diet, neglected to prove resident, and failed to maneuver (action to rairway) for a resident	n failed to ensure residents potential staff to resident ration of an abuse allegation, the abuse and neglect ented to ensure allegations righly investigated and resulted to ensure the followed for a therapeutic round of the Heimlich remove what is blocking the that was choking, placed resulted in the choking for a resulted in the cho				
	adhered to current merelated to emergency staff failed to perform when Resident #261 placed Resident #266 Refer to F281. 3. The administration followed the care plat orders to provide the dining assistance for	n failed to ensure staff edical standards of practice services for choking, when the Heimlich maneuver choked to death which		Please refer to attachment for tag F281 Please refer to attachment for tags F28 and F365,		
	instead of a mechanic	cal soft diet as ordered and				

		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		445139	445139 B. WING					
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER VILLA			1	TREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104	08/27/2014			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				
F 490	pureed meat and was and choked to death. an IJ. Refer to F282, F309 at 4. The administration suction equipment was functional for Resident tracheostomy care was Resident #193 in IJ. Refer to F328 and F4. 5. The administration drug monitoring and eanticoagulant lab valuation Residents #25 and 20. Refer to F329 and F5. 6. The administration Assessment and Assistablished and impleassurance program the same content of the same content in the	Theses incidents resulted in Theses incidents resulted in and F365. failed to ensure that as readily available and at #193 to ensure proper as provided, which placed as provided, which placed for ensure timely reporting of the stothe physician placed as to the physician placed and addressed concerns	F 490	4. Please refer to attachment for tags F328 s. Please refer to attachment for tags F329 s. Please refer to attachment for tags F520				
	26, 2014, through rev audits, review of in-se and interviews with di company supervisors administrative staff ac surveyors validated th	ible Allegation of as accomplished on August iew of facility documents, ervice records, observations letary, suction machine, nursing, dietary staff and dministrative staff. The ne corrective actions stated emented which removed the						

D (4) / (1 / 1	MENT OF HEVETHAN	ID UDIMAIA SEKAICES				EOD	MADDDOVED
<u>CENTER</u>	S FOR MEDICARE &	MEDICAID SERVICES			•		M APPROVED D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	SURVEY PLETED
		445139	B. WING				C /27/2014
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u>, ou</u>	2172014
SIGNATUI	RE HEALTHCARE AT ST	PETER VILLA		ľ	1 N MCLEAN EMPHIS, TN 38104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)					(X5) COMPLETION DATE	
F 490	Continued From page immediate jeopardy.		F	490			
		service and an abuse th they were required to prrectly. Review of 5 of 5					
i	contained evidence of registry checks before	background and abuse hire.					
	Heimlich Maneuver, tr	eets, for all staff on the ay service to include review verification of correct diet					
	The facility provided e training for all dietary pidentification and prep competencies for food liquids by the certified	personnel regarding aration of diets, preparation and thickened					
	proper suctioning, trac	eets for licensed nurses on heostomy care, availability uction supplies and facility					
Ī	The facility provided er in-service training with nursing staff.	vidence of Lab/Lab Values sign in sheets for all					
	verified on the care pla served to residents to	ers to meal tickets and an. Accuracy of meals					

meals on the trays.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/11/2014

PRINTED: 09/11/2014 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 С 445139 B. WNG 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 490 Continued From page 59 F 490 Observations in the kitchen on 8/26/14 revealed the meal ticket being checked at each station, the condiments and fluid station, the entree station and at the bread and dessert station the entire meal tray was reviewed by that staff member to ensure the tray was correct. Observations in the facility on 8/26/14 revealed staff physically checking the meal tickets to the food tray when the cart was delivered to the halls. and then a second check by the staff member when the tray is delivered to the resident. Observations on 8/26/14 of the new suction machines delivered revealed all machines. serviced by the suction machine company and were in working order. Interviews on 8/26/14 were completed with nursing and administrative staff to ensure staff were knowledgeable of proper procedures regarding the reporting of abuse and protection of the residents. An interview was conducted with the Abuse Prevention Coordinator, in which she

stated that weekly Performance Improvement

Interviews on 8/26/14 with CNAs, dietary staff, nurse managers, charge nurses conducted in the facility, staff verbalized how to properly check for proper diets and matching the tray tickets, what a colored meal ticket means, and how to do the Heimlich maneuver. Nurse managers verbalized how they would continue to monitor and audit the

Interviews on 8/26/14 with the suction company's operations manager and director of accounts, it

meetings have been scheduled.

accuracy of the meal delivery.

- 1. 1. Resident #261expired 3/27/14. LPN# 20 and CAN #30 received training on identification of correct diet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14.
- 2. All residents have the potential to be affected by the same practice.
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- 3. What measures will be put into place to insure that this practice does not recur?
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to effect correct diets on the MAR.
- •A daily audit of meal tray cards served for accuracy with plans of care and physician orders was completed each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.
- Education and training conducted on 3/28/14 with all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager. All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an inservice with all dietary staff on choking hazards, different type of diets, and the different types of liquid consistencies.
- Education and training on 3/28/14 with all nursing staff conducted regarding meal service focused on checking accuracy of diet serve, thickened liquids, signs and symptoms of choking and aspiration by the Staff Development Nurse.
- Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training was completed on Heimlich maneuver for all new hires as of 3/27/14 including all dietary staff as well on 8/19/14. A 100% training on Heimlich maneuver with all licensed nurses, CNAs, dietary staff, activity staff, and therapist except for 2 prn therapists completed by 8/30/14 The 2 prn therapists were issued a letter with return receipt noting that they have to go through training before they're allowed to work. Heimlich maneuver training will be done on all new hires during orientations.
- Heimlich posters with pictures and instructions were placed on every dining room, 2nd floor, 3rd floor, 4th floor, and main dining room.
- Color coded meal ticket initiated on 4/4/14 for residents on altered diet. All staff were educated on the color code meal ticket 4/14/14 by the Staff Dev. Coordinator. A 100% in-service with all staff on color coded tickets completed by the Staff Development Coordinator on 8/30/14

F225

- 1. The allegation of abuse was reported to the State of Tennessee on 2/21/14 on Resident #130 by the Director of Nursing. Resident #130 full body assessment was completed on 2/17/14 by a licensed nurse and 2/18/14 by the nurse practitioner and no physical signs of injuries were noted. Resident #130 was seen by the psychiatrist on 3/16/14 and no recommendation or medication changes were made. CNA#34 was suspended on 2/17/14 and resigned 2/21/14. Nurse #22 resigned on 2/21/14.
- 2. All residents are at risk for mistreatment, neglect, abuse, injuries of unknown injuries or unknown source and misappropriation of resident property. The facility plans to protect the residents by:
- Reporting abuse allegations immediately to the Abuse Coordinator.
- b. Suspending the perpetrator immediately.
- c. All allegation of abuse must be reported to the police, APS, Ombudsman, and State of Tennessee.
- d. Transfer all residents with an allegation of rape to the ER for examination by a physician.
- e. All alleged violations will be thoroughly investigated and prevent further potential abuse while the investigation is in progress.
- 3. What measures will be put into place to insure that this practice does not recur?
- All residents on 8/20/14 were interviewed related to abuse and neglect. And all residents that are non-interviewable were physically assessed by the ADONs for any signs and symptoms of abuse/neglect along with all resident's POA were attempted to be contacted to question on any abuse/neglect concerns on 8/20/14. A total of 70 POA contacted and interviewed on 8/29/14. Abuse audits, assessments, interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Social Services Director on 8/19/14 for any indications of abuse/neglect concerns. All grievances and abuse concerns identified were investigated, addressed, reported and resolved by the Social Services Director.
- 100% of all staff were in-serviced regarding facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements using Care2learn as of 9/1/14. All new hires will complete abuse training during orientation.
- Education on facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements with all the department heads by the Regional Social Services Director on 9/18/14.
- 100% of all staff were in-serviced regarding facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements using Care2learn as of 9/1/14. All new hires will complete abuse training during orientation.
- Education on facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements with all the department heads by the Regional Social Services Director on 9/18/14.
- 4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put in place.
- A staff questionnaire regarding abuse is being administered by Administrator, DON, ADONs, MDSC, Activities director, Chaplain, Dietary manager, Chaplain, Marketing, Admissions/Marketing, Rehab Manager, Medical Records, HR director to staff members beginning 8/19/2014 with 20 staff members per week for one month, then 15 staff members per week for one month, then 15 staff members per week for one month, then 5 staff members per week for one month, then weekly random audit for 3 months. If less than 100% was met on the questionnaire a re-education will be conducted until 100% is met.
- Elder Justice Act signs have been moved and made more visible in the facility.
- HR completed an audit on 8/23/14 of all active employees related to background checks. Audit

revealed that all active employees have a background check with no issues.

- The Administrator, Social Services Director, Director of Nursing or Weekend Supervisor will review the grievances, incidents and accidents reports daily beginning 8/23/14 to determine if there are reportable allegations that have not been identified. All grievances and abuse concerns identified were investigated, addressed, reported and resolved by the Administrator, Director of Nursing and Social Services Director. The Director of Nursing will report any allegations of abuse, neglect or misappropriation to the outside agency
- A resident council meeting held on 8/27/14 with Activities Director going over Resident's Rights and Abuse.
- A family council meeting scheduled for 9/25/14 with Social Services Director to go over Resident's rights and Abuse.
- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluation of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet the well-being of the residents.

F226

- 1. The allegation of abuse was reported to the State of Tennessee on 2/21/14 on Resident #130 by the Director of Nursing. Resident #130 full body assessment was completed on 2/17/14 by a licensed nurse and 2/18/14 by the nurse practitioner and no physical signs of injuries were noted. Resident #130 was seen by the psychiatrist on 3/16/14 and no recommendation or medication changes were made. CNA#34 was suspended on 2/17/14 and resigned 2/21/14. Nurse #22 resigned on 2/21/14.
- 2. All residents are at risk for mistreatment, neglect, abuse, injuries of unknown injuries or unknown source and misappropriation of resident property. The facility plans to protect the residents by:
- a. Reporting abuse allegations immediately to the Abuse Coordinator.
- b. Suspending the perpetrator immediately.
- c. All allegation of abuse must be reported to the Police, APS, Ombudsman, and State of Tennessee.
- d. Transfer all residents with an allegation of rape to the ER for examination by a physician.
- e. All alleged violations will be thoroughly investigated and prevent further potential abuse while the investigation is in progress.
- 3. What measures will be put into place to insure that this practice does not recur?
- All residents on 8/20/14 were interviewed related to abuse and neglect. And all residents that are non-interviewable were physically assessed by the ADONs for any signs and symptoms of abuse/neglect along with all resident's POA were attempted to be contacted to question on any abuse/neglect concerns on 8/20/14. A total of 70 POA contacted and interviewed on 8/29/14. Abuse audits, assessments, interviews and questionnaires were reviewed by the Administrator, Director of Nursing and Social Services Director on 8/19/14 for any indications of abuse/neglect concerns. All grievances and abuse concerns identified were investigated, addressed, reported and resolved by the Social Services Director.
- 100% of all staff were in-serviced regarding facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements using Care2learn as of 9/1/14. All new hires will complete abuse training during orientation.
- Education on facility's abuse policy and procedure which included, but not limited to, reporting, protection and investigation requirements with all the department heads by the Regional Social Services Director on 9/18/14.

Tag F281

- 1. Resident #261expired 3/27/14. LPN# 20 and 9/25/14 CNA#30 received training on identification of correct diet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14.
- 2. All residents have the potential to be affected by the same practice.
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- 3. What measures will be put into place to insure that this practice does not recur?
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager.

Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.

- A daily audit of meal tray cards served for accuracy with plans of care and physician orders was completed each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.
- Education and training conducted on 3/28/14 with all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager.

All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an in-service with all dietary staff on choking hazards, different type of diets, and the different types of liquid consistencies.

- Education and training on 3/28/14 with all nursing staff conducted regarding meal service focused on checking accuracy of diet serve, thickened liquids, signs and symptoms of choking and aspiration by the Staff Development Nurse.
- Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training was completed on Heimlich maneuver for all new hires as of 3/27/14 including all dietary staff as well on 8/19/14. A 100% training on Heimlich maneuver with all licensed nurses, CNAs, dietary staff, activity staff, and therapist except for 2 prn therapists completed by 8/30/14 The 2 prn therapists were issued a letter with return receipt noting that they have to go through training before they're allowed to work. Heimlich maneuver training will be done on all new hires during orientations.
- Heimlich posters with pictures and instructions were placed on every dining room, 2nd floor, 3rd floor, 4th floor, and main dining room.
- Color coded meal ticket initiated on 4/4/14 for residents on altered diet. All staff were educated on the color code meal ticket 4/14/14 by the Staff Dev. Coordinator. A 100% in-service with all staff on color coded tickets completed by the Staff Development Coordinator on 8/30/14.
- 4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place?
- A daily audit of meal tray cards served for accuracy with plans of care and MD orders was completed for each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.
- On 8/19/14 the nursing staff was audited and monitored by ADON and Department heads during
 meal time in regards to checking accuracy of meals served to patients, then will monitor 20 staff
 members per week for 1 month, 10 staff members per week for 1 month, and 5 staff members per week

for 1 month, then random audit weekly x 3 months. Staff that failed to follow the plan will be reeducated and trained.

- A weekly audit of all resident's diet against the meal tray ticket, physician's orders, and care plan will be done by the Registered Dietitian started 9/8/14 for 1 month and then random weekly audit for 3 months.
- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluated of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet the well-being of the residents.

F282

- 1. Resident #261expired 3/27/14. LPN# 20 and CNA#30 received training on identification of correct diet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14. Resident #6 was given a correct diet on 8/22/14. CNA#32 was coached and counseled by the DON on 8/26/14. Dietary staff was coached and counseled by the Certified Dietary Manager on 8/24/14 CNA #32 was educated by Staff Development Coordinator on color coded tickets on 8/30/14. Dietary staff was educated on identification of correct diet and preparation of all types of diet by the Certified Dietary Manager by 8/28/14.
- 2. All residents have the potential to be affected by the same practice.
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- 3. What measures will be put into place to insure that this practice does not recur?
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 Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- A daily audit of meal tray cards served for accuracy with plans of care and physician orders was completed

each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.

- Education and training conducted on 3/28/14 with all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager. All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an in-service with all dietary staff on choking hazards, different type of diets, and the different types of liquid consistencies.
- Education and training on 3/28/14 with all nursing staff conducted regarding meal service focused on checking accuracy of diet serve, thickened liquids, signs and symptoms of choking and aspiration by the Staff Development Nurse.
- Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training was completed on Heimlich maneuver for all new hires as of 3/27/14 including all dietary staff as well on 8/19/14. A 100% training on Heimlich maneuver with all licensed nurses, CNAs, dietary staff, activity staff, and therapist except for 2 prn therapists completed by 8/30/14 The 2 prn therapists were issued a letter with return receipt noting that they have to go through training before they're allowed to work. Heimlich maneuver training will be done on all new hires during orientations.
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- A daily audit of meal tray cards served for accuracy with plans of care and MD orders was completed for each meal for 30 days beginning 3/31/14, then 4-6

meal audits for 2 months, then 2 meal audit for a month, and ongoing.

- On 8/19/14 the nursing staff was audited and monitored by ADON and Department heads during meal time in regards to checking accuracy of meals served to patients, then will monitor 20 staff members per week for 1 month, 10 staff members per week for 1 month, and 5 staff members per week for 1 month, then random audit weekly x 3 months. Staff that failed to follow the plan will be re-educated and trained.
- A weekly audit of all resident's diet against the meal tray ticket, physician's orders, and care plan will be done by the Registered Dietitian started 9/8/14 for 1 month and then random weekly audit for 3 months.
- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluated of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet the well-being of the residents.

F309

- 1. Resident #261expired 3/27/14. LPN# 20 and CNA#30 received training on identification of correct diet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14.

 Resident #6 was given a correct diet on 8/22/14.

 CNA#32 was coached and counseled by the DON on 8/26/14. Dietary staff was coached and counseled by the Certified Dietary Manager on 8/24/14 CNA #32 was educated by Staff Development Coordinator on color coded tickets on 8/30/14. Dietary staff was educated on identification of correct diet and preparation of all types of diet by the Certified Dietary Manager on 8/28/14.
- 2. All residents have the potential to be affected by the same practice.
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- On 8/19/14 the nursing staff was audited and monitored by ADON and Department heads during meal time in regards to checking accuracy of meals served to patients, then will monitor 20 staff members per week for 1 month, 10 staff members per week for 1 month, and 5 staff members per week for 1 month, then random audit weekly x 3 months. Staff that failed to follow the plan will be re-educated and trained.
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- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluated of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet the well-being of the residents.

F365

- 1. Resident #261expired 3/27/14. LPN# 20 and 9/25/14 CNA#30 received training on identification of correct diet, consistency of fluid, color coded tickets, and Heimlich maneuver by the Staff Development Coordinator on 4/2/14 and 4/4/14.

 Resident #6 was given a correct diet on 8/22/14.

 CNA#32 was coached and counseled by the DON on 8/26/14. Dietary staff was coached and counseled by the Certified Dietary Manager on 8/24/14

 CNA #32 was educated by Staff Development Coordinator on color coded tickets on 8/30/14.

 Dietary staff was educated on identification of correct diet and preparation of all types of diet by the Certified Dietary Manager on 8/28/14.
- 2. All residents have the potential to be affected by the same practice.
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- 3. What measures will be put into place to insure that this practice does not recur?
- A 100% audit of physician orders against diet cards and verified on care plan on all three floors completed on 3/28/2014 by Certified Dietary Manager. Clarification orders were written and referral to speech therapist as needed. Another 100% audit was completed on 8/17/14 and all diets match the tray cards. Clarification orders were written on 10 residents to reflect correct diets on the MAR.
- A daily audit of meal tray cards served for accuracy with plans of care and physician orders was completed each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.
- Education and training conducted on 3/28/14 with all dietary staff regarding identification and preparation of all type of diets, competencies for food preparation, and thickened liquids by the Certified Dietary Manager. All competencies regarding this were completed on 4/12/14 for all dietary staff. On 8/4/14, 8/19/14, 8/24/14, and 8/28/14 the Certified Dietary Manager did an in-service with all dietary staff

on choking hazards, different type of diets, and the different types of liquid consistencies.

- Education and training on 3/28/14 with all nursing staff conducted regarding meal service focused on checking accuracy of diet serve, thickened liquids, signs and symptoms of choking and aspiration by the Staff Development Nurse.
- Education and training regarding how to perform the Heimlich maneuver was conducted with all staff except dietary on 3/28/14. On 4/2/14 EMHC performed training and education on Heimlich maneuver and signs and symptoms of ineffective breathing with all staff except dietary. Education and training was completed on Heimlich maneuver for all new hires as of 3/27/14 including all dietary staff as well on 8/19/14. A 100% training on Heimlich maneuver with all licensed nurses, CNAs, dietary staff, activity staff, and therapist except for 2 prn therapists completed by 8/30/14 The 2 prn therapists were issued a letter with return receipt noting that they have to go through training before they're allowed to work. Heimlich maneuver training will be done on all new hires during orientations.
- Heimlich posters with pictures and instructions were placed on every dining room, 2nd floor, 3rd floor, 4th floor, and main dining room.
- Color coded meal ticket initiated on 4/4/14 for residents on altered diet. All staff were educated on the color code meal ticket 4/14/14 by the Staff Dev. Coordinator. A 100% in-service with all staff on color coded tickets completed by the Staff Development Coordinator on 8/30/14.
- 4. How will corrective action be monitored to ensure the practice does not recur and what QA will be put into place?
- A daily audit of meal tray cards served for accuracy with plans of care and MD orders was completed for each meal for 30 days beginning 3/31/14, then 4-6 meal audits for 2 months, then 2 meal audit for a month, and ongoing.
- On 8/19/14 the nursing staff was audited and monitored by ADON and Department heads during meal time in regards to checking accuracy of meals served to patients, then will monitor 20 staff members per week for 1 month, 10 staff members per week for 1 month, and 5 staff members per week for 1 month, then random audit weekly x 3 months. Staff that failed to follow the plan will be re-educated and trained.

- A weekly audit of all resident's diet against the meal tray ticket, physician's orders, and care plan will be done by the Registered Dietitian started 9/8/14 for 1 month and then random weekly audit for 3 months.
- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluated of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet the well-being of the residents.

F328

- 1. Nurse# 7 was educated on tracheostomy care and proper suctioning on 8/21/14 by the Staff Development Coordinator. Nurse#7 completed and successfully demonstrated a competency training regarding tracheostomy care and proper suctioning on 8/21/14. The suction machine in Resident#193 was serviced by Recover care on 8/21/14 and was noted to be functioning properly. CSM & Rehab Manager was educated by Regional Nurse Consultant regarding processing non-functioning equipment i.e. suction machine Resident #102 went to the hospital on 9/16/14. CNA#12 and Nurse#6 coached and counseled by the DON on 9/17/14 and educated on handling of ostomy and indwelling catheter and infection control policy by the Staff Development Coordinator on 9/18/14.
- 2. All residents have the potential of being affected by the deficient practice.
- a. All suction machines in use by a patient, crash carts on 2nd, 3rd, 4th floor, therapy gym, and dining room were serviced by Recover care by 8/22/14 and were noted to be functioning properly. Central Supply person and Weekend supervisor will check daily for suction machine and supplies availability and par level.
- b. An audit of all residents with ostomy adaptive devices and indwelling catheter for proper functiontining.
- 3. How will corrective action be monitored to ensure 9/25/14 the practice does not recur and what QA monitoring will be put into place?
- A 100% training and return demonstration for all licensed nurses on tracheostomy care and proper suctioning completed on 9/16/14. All new hires will be educated and should successfully demonstrate competency training regarding tracheostomy care

and proper suctioning during orientation.

- Central Supply and Supervisor will perform an inventory of all suction machines daily.
- Recover care will perform a preventative maintenance on all suction machines according to preventive maintenance schedule.
- Licensed Nurses received education by the Nurse Consultant and SDC regarding availability of suction machine, suction machine supplies, and facility's procedure for processing non-functioning equipment completed on 8/26/14. All new hires will be educated regarding the facility's procedure for processing non-functioning equipment. The licensed nurses that are currently on leave of absence, vacation or per diem were sent a letter indicating that training regarding the facility's procedure for processing non-functioning equipment must be completed prior to returning for next scheduled shift.
- All licensed nurses and CNAS will be educated by the Staff Development Coordinator on proper handling of all ostomy adaptive devices and indwelling catheter for proper functioning and infection.

F456

- 1 Nurse# 7 was educated on tracheostomy care 9/25/14 and proper suctioning on 8/21/14 by the Staff Development Coordinator. Nurse#7 completed and successfully demonstrated a competency training regarding tracheostomy care and proper suctioning on 8/21/14. The suction machine in Resident#193 was serviced by Recover care on 8/21/14 and was noted to be functioning properly. CSM & Rehab Manager was educated by Regional Nurse Consultant regarding processing non-functioning equipment i.e. suction machine
- 2. All residents have the potential of being affected by the deficient practice.
- a. All suction machines in use by a patient, crash carts on 2nd, 3rd, 4th floor, therapy gym, and dining room were serviced by Recover care by 8/22/14 and were noted to be functioning properly. Central Supply person and Weekend supervisor will check daily for suction machine and supplies availability and par level.
- 3. How will corrective action be monitored to 9/25/14 ensure the practice does not recur and what QA monitoring will be put into place?
- A 100% training and return demonstration for

all licensed nurses on tracheostomy care and proper suctioning completed on 9/16/14. All new hires will be educated and should successfully demonstrate competency training regarding tracheostomy care and proper suctioning during orientation.

- Central Supply and Supervisor will perform an inventory of all suction machines daily.
- Recover care will perform a preventative maintenance on all suction machines according to preventive maintenance schedule.
- Licensed Nurses received education by the Nurse Consultant and SDC regarding availability of suction machine, suction machine supplies, and facility's procedure for processing nonfunctioning equipment completed on 8/26/14. All new hires will be educated regarding the facility's procedure for processing non-functioning equipment. The licensed nurses that are currently on leave of absence, vacation or per diem were sent a letter indicating that training regarding the facility's procedure for processing non-functioning equipment must be completed prior to returning for next scheduled shift.
- How will corrective action be monitored to ensure the practice does not recur and what QA monitoring will be put in place.
- DON, ADON, & SDC will do random audits weekly with licensed nurses on tracheostomy care for 3 months.
- CSM and ADON/Supervisor will perform audit on the suction machines for proper functioning twice a week for 3 months.
- Recover Care performs a monthly preventative maintenance on all suction machines.
- A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/28/14 and then monthly for findings, recommendations, and follow-up regarding the above plan. At that time based upon evaluation of the QA Committee will determine at what frequency any ongoing audits will need to continue. The Administrator has the oversight to ensure an effective plan is in place to meet

1. Resident #25 Coumadin was discontinued on 7/17/14 and stat INR done on 7/17/14 showing INR of 1.6 and is within normal limits. Resident did not have any adverse drug reactions. Medication error report completed on 8/20/14 DON conducted coaching and counseling with Nurse #18 on 8/21/14. Medication Error training thru Care2Learn was completed on 8/21/14 by Nurse #18.

Resident #205 PT & INR done on 7/31/14 showing PT 20.6 and INR of 2.7 and new order for Coumadin 3mg Tuesday, Thursday, Saturday, & Sunday alternating Coumadin 2mg Monday, Wednesday, & Friday. Resident#205 did not have any adverse drug reactions. Medication error completed 9/16/14.

Resident #35 Aims testing completed 9/16/14 and Behavior monitoring flow sheet initiated on 9/1/14 Resident #47 MDS was corrected on 9/16/14 with Abilify, anti-psychotic medication coded on Section N0410A. Aims testing completed on 8/22/14 and anti-psychotic care plan completed on 9/16/14 Resident #219 Aims testing was completed on 9/16/14 and Behavior monitoring flow sheet initiated on 9/11/14

- 2. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? a. All residents have the potential to be affected by the same practice. All critical lab values from 7/10/14 until 8/20/14 were reviewed by the ADON and MDS Coordinator on 8/20/14 to ensure that the physician/nurse practitioner were notified of any critical lab values. A complete audit of all current residents receiving Coumadin therapy was completed by ADON & MDSC on 8/20/14 for correct dosage and frequency in the physician order and present on MAR, as well as, ensuring that physician/nurse practitioner were notified of any critical lab values and a care plan is present for those receiving the Coumadin therapy. A complete Laboratory audit was completed by Nursing on 8/23/2014 to ensure Lab was performed according to physicians order and physician notified when abnormal results are obtained.
- b. An audit of all residents on psychotropic medication to ensure that there is a behavior monitoring flow sheet in place by 9/23/14. All residents on anti-psychotic medication will have

Aims testing completed psychotropic meds coded on MDS accurately and all psychotropic medications have care plan in place by 9/23/14

- c. Pharmacy Consultant completed a medication regimen review on all residents on 9/12/14 with recommendations.
- 3. How will corrective action be monitored to ensure the practice does not recur and what QA will be put in place.
- Education and training with all licensed nursing staff by the Staff Development Coordinator regarding facility's policy on reporting critical lab results to the physician/nurse practitioner timely, as well as, policy regarding anti-coagulant therapy ensuring residents prescribed anti-coagulant therapy receive the medication in a safe and therapeutic manner on 8/20/14, 8/24/14, 9/8/14, & 9/9/14.
- Education and training on Antibiotic-Coumadin potential drug interaction, Unnecessary drugs, Anti-psychotic usage with appropriate diagnosis, use of behavior monitoring sheets, and Aims testing to all licensed nurses by the Pharmacy Consultant on 9/9/14 & 9/10/14.
- Education and training with all licensed nurses on how to utilize the lab tracking tool by the Regional Nurse Consultant on 8/24/14, 8/25/14, 8/26/14, 8/28/14.
- 4. How will corrective action be monitored to ensure the practice does not recur and what QA monitoring will be put into place?
- DON, ADON or Weekend Supervisor will review 9/25/14 all lab results including abnormal/critical values daily using the lab tracking tool to ensure the physician /nurse practitioner are notified timely.
- DON, ADON, or Weekend Supervisor will continue to audit all current residents receiving Coumadin therapy daily for correct dosage and frequency on the physician's order and MARS.
- DON & ADON will audit resident's on psychotropic medications for behavior monitoring flow sheet
- DON, ADON or weekend supervisor will review telephone orders daily for any new order/changes on resident's psychotropic medications to ensure Aims testing is completed, behavior monitoring flow initiated, and care plan initiated for use of psychotropic medication.
- A psychotropic drug meeting with the psychiatrist and the interdisciplinary team members will be held on 9/18/14 to review residents on

psychotropic medication to attempt gradual dose reduction. A psychotropic drug meeting will be conducted monthly thereafter.

 A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan.

F505

1. Resident #25 Coumadin was discontinued on 7/17/14 and stat INR done on 7/17/14 showing INR of 1.6 and is within normal limits. Resident did not have any adverse drug reactions. | Medication error report completed on 8/20/14 DON conducted coaching and counseling with Nurse #18 on 8/21/14. Medication Error training thru Care2|Learn was completed on 8/21/14 by Nurse #18. Resident #205 PT & INR done on 7/31/14 showing PT 20.6 and INR of 2.7 and new order for Coumadin 3mg Tuesday, Thursday, Saturday, & Sunday alternating Coumadin 2mg Monday, Wednesday, & Friday. Resident#205 did not have any adverse drug reactions. Medication error completed 9/16/14. Resident #35 Aims testing completed 9/16/14 and Behavior monitoring flow sheet initiated on 9/1/14 Resident #47 MDS was corrected on 9/16/14 with A bilify, anti-psychotic medication coded on Section N0410A. Aims testing completed on 8/22/14 and anti-psychotic care plan completed on 9/16/14 Resident #219 Aims testing was completed on 9/16/14 and Behavior monitoring flow sheet initiated on 9/11/14. How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken? a. All residents have the potential to be affected by the same practice. All critical lab values from 7/10/14 until 8/20/14 were reviewed by the ADON and MDS Coordinator on 8/20/14 to ensure that the physician/nurse practitioner were notified of any critical lab values. A complete audit of all current residents receiving Coumadin therapy was completed by ADON & MDSC on 8/20/14 for correct dosage and frequency in the physician order and present on MAR, as well as, ensuring that physician/nurse practitioner were notified of any critical lab values and a care plan is present for those receiving the Coumadin therapy. A complete Laboratory audit was completed by Nursing on

8/23/2014 to ensure Lab was performed according to

physicians order and physician notified when abnormal results are obtained.

- b. An audit of all residents on psychotropic medication to ensure that there is a behavior monitoring flow sheet in place by 9/23/14. All residents on anti-psychotic medication will have Aims testing completed, psychotropic medications have care plan in place by 9/23/14
- c. Pharmacy Consultant completed a medication regimen review on all residents on 9/12/14 with recommendations.
- 3. How will corrective action be monitored to ensure the practice does not recur and what QA will be put in place.
- Education and training with all licensed nursing staff by the Staff Development Coordinator regarding facility's policy on reporting critical lab results to the physician/nurse practitioner timely, as well as, policy regarding anti-coagulant therapy ensuring residents prescribed anti-coagulant therapy receive the medication in a safe and therapeutic manner on 8/20/14, 8/24/14, 9/8/14, & 9/9/14.
- Education and training on Antibiotic-Coumadin potential drug interaction, Unnecessary drugs, Antipsychotic usage with appropriate diagnosis, use of behavior monitoring sheets, and Aims testing to all licensed nurses by the Pharmacy Consultant on 9/9/14 & 9/10/14.
- Education and training with all licensed nurses on how to utilize the lab tracking tool by the Regional Nurse Consultant on 8/24/14, 8/25/14, 8/26/14, 8/28/14.
- 4. How will corrective action be monitored to ensure the practice does not recur and what QA monitoring will be put into place?
- DON, ADON or Weekend Supervisor will review all lab results including abnormal/critical values daily using the lab tracking tool to ensure the physician/nurse practitioner are notified timely.
- DON, ADON, or Weekend Supervisor will continue to audit all current residents receiving Coumadin therapy daily for correct dosage and frequency on the physician's order and MARS.
- DON & ADON will audit resident's on psychotropic medications for behavior monitoring flow sheet
- DON, ADON or weekend supervisor will review telephone orders daily for any new order/changes on resident's psychotropic medications to ensure Aims testing is completed, behavior monitoring flow initiated, and care plan initiated for use of psychotropic medication.
- A psychotropic drug meeting with the psychiatrist and the interdisciplinary team members will be held on 9/18/14 to review residents on psychotropic medication to attempt gradual dose reduction.
 A psychotropic drug meeting will be conducted

monthly thereafter.

 A Quality Assurance meeting will be held weekly for 4 weeks beginning 8/23/14 and then monthly for findings, recommendations, and follow-up regarding the above plan.

F520

Social Services Director/Quality Assurance
Chairperson was educated on the facilities immediate
measures taken to ensure that the highest
quality of care were implemented in all areas
in particular dietary, nursing, clinical & equipment.

The facility shall 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 will meet 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.

The facility's Quality Assessment and Assurance (QAA) committee will continue to ensure corrective actions are consistently monitored to ensure the staff follow physician orders for therapeutic diets and interventions on the care plans related to assisting with dining with residents and ensure functioning medical equipment to immediately perform tracheal suctioning for residents with a tracheostomy. The committee will also ensure residents are protected from potential staff to resident abuse. The committee will ensure the abuse policy is followed to ensure allegations of abuse and neglect are thoroughly investigated and reported to administration for all residents. The committee will also ensure adherence to current medical standards of practice related to emergency services for choking as well as ensure residents are free from unnecessary medications related to the use of anticoagulant medications and ensure timely physician notification of abnormal lab results.

Weekly Performance Improvement meetings began on 8/23/14 and will be held weekly for four weeks, then monthly for findings, recommendations and follow up related to the plan. The administrator will have oversight to ensure an effective plan is in place and being followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			445139	B. WING				C
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE AT ST PETER V			VILLA		1	STREET ADDRESS, CITY, STATE, ZIP CODE 41 N MCLEAN MEMPHIS, TN 38104	08,	/27/2014
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F 490	coumadin flow sheets will be taken daily to to review and follow up. Interviews with nursing staff were aware of lall physician of lab value. Interview on 8/27/14 to Coordinator stated that Improvement meeting be held weekly for fou	with si at each g staff p policy results the Quant t week s began	aff verified the use of h nursing desk that cal meetings for revealed nursing and when to notify dity Assurance (QA) by performance n on 8/23/14 and will s and then monthly.	F	490			
F 520 SS=J	The administrator will effective plan is in place. The facility will remain scope and severity levideficient practice that with potential for more not immediate jeopard. The facility is required correction. 483.75(o)(1) QAA COMMITTEE-MEMBE QUARTERLY/PLANS A facility must maintain assurance committee nursing services; a phyfacility; and at least 3 of facility's staff.	out of out of "I constitution ry. to sub RS/ME	compliance at a ", an isolated utes no actual harm ninimal harm that is mit a plan of EET lity assessment and ing of the director of designated by the	F 5	520	Social Services Director/Quality Assura Chairperson was educated on the facil immediate measures taken to ensure t highest quality of care were implement all areas in particular dietary, nursing, of & equipment.	ities hat the ted in	9/25/14

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CL1A IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	· <u></u>		445139	8. WNG		08.	27/2014	
	ROVIDER OR SUPPLIER RE HEALTHCARE AT ST	PETER VILLA			STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFI CY MUST BE PRECE LSC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 520	Continued From page 61 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. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.			F 52	The facility shall main assessment and assurance consisting of the direct services; a physician dethe facility; and at lemembers of the facility. The quality assessment committee will meet at to identify issues with which quality assessment activities are necessary and implements appropriate action to correct identification deficiencies. The facility's Quality and Assurance (QAA) committee the district of the committee of the committee of the committee of the correct identification of the correct identificatio	e committee tor of nursing esignated by ast 3 other 's staff. and assurance least quarter respect to the and assurance at plans of ified quality. Assessment	9/25/14 ng rly nce	
	This REQUIREMENT by: Based on review of the Luckmann's Basic Nuckmann's Basic Nuckmann's Pasic Nuckmann's Pasic Nuckmann's Pasic Nuckmann's Pasic Nuckmann's Report, I review of a meal tray observation and interfacility's Quality Asse (QAA) committee fails actions were consisted actions were consisted staff followed physicial diets and intervention to assisting with dining #261 and 6) residents functioning medical experiorm tracheal suct #193) residents with a incidents noted above jeopardy (IJ), a situat	he Sorensen a aursing a Psychology of the review of an aucard, medical eview, it was desament and Assed to ensure control monitored an orders for the son the care pag for 2 of 39 (Fis and failed to equipment to imitioning for 1 of a tracheostomy e resulted in im	nd ophysiologic he atopsy report, record review, termined the surance orrective to ensure the terapeutic blans related Residents ensure temediately 2 (Resident of The mediate		continue to ensure correactions are consistently to ensure the staff followed for the rapeutic of interventions on the carrelated to assisting with residents and ensure medical equipment to imperform tracheal suction residents with a trached the committee will also residents are protected	y monitored low physiciar diets and re plans th dining re functionir mediately ning for ostomy. ensure		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
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445139 B. WNG	08/27/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP OF	
SIGNATURE HEALTHCARE AT ST PETER VILLA	
MEMPHIS, TN 38104	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIENCY	TION SHOULD BE COMPLÉTION THE APPROPRIATE DATE
F 520 Continued From page 62 F 520 potential staff to resident ab	
will ensure the abuse policy	/ is followed to ensure
participation has caused, or is likely to cause, allegations of abuse and ne	eglect are thoroughly
serious injury, harm, impairment, or death to a investigated and reported to	o administration for
resident. all residents. The committee	e will also
ensure adherence to curre	nt medical standards of
A meeting was conducted in the conference room practice related to emergen	ncy services for
on 6/16/14 at 4.52 PW, with the Administrator and	-
the Director of Nursing (DON) at which time they were informed of the IJ related to choking. choking as well as ensure re unnecessary medications re	
	and ensure timely physician
A meeting was conducted in the conference room	- 1
on 8/21/14 at 12:46 PM, with the Administrator notification of abnormal lab	results.
and the DON, at which time they were informed	İ
of the IJ related to malfunctioning suction Weekly Performance Impro	vement meetings
equipment for tracheostomy care. began on 823/14 and will be	e held weekly for four
The facility provided acceptable Allegations of weeks, then monthly for find	dings,
Compliance (AOC) on August 25th, 2014 and an recommendations and follow	w up related to the plan.
AOC on August 26th, 2014. It was determined on The administrator will have	oversight to ensure
August 26, 2014 the corrective actions an effective plan is in place	and being followed.
implemented on August 25th and 26th, 2014,	
removed the IJ.	
The immediate jeopardy (IJ) existed from 2/14/14 through 8/25/14. The IJ was removed on 8/26/14.	
Noncompliance for F520 continues at a "D" level	
citation. The facility is required to submit a Plan of	
Correction.	
The findings included:	
The quality assurance (QA) committee	
identified the problem in which residents may	
receive an incorrect diet after the accidental	
choking death of Resident #261 in March, 2014.	
Inservices began for the die ary staff and the	
nursing staff related to proper diet delivery,	

	OF DEFICIENCIES F CORRECTION	(X1) PR	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	-		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			445139	B. WING				C
NAME OF P	ROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 08	<u>/27/201</u> 4
SIGNATU	RE HEALTHCARE AT ST	PETER	VILLA	İ	14	41 N MCLEAN IEMPHIS, TN 38104		
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F 520	Continued From page up. Documentation for dated during April 201 Dietary manager, docto include pureed foods. All staff disciplibeginning on 3/28/14 difference between pusoft, honey thick liquic Comparing the actual to read a tray ticket. The residents that at risincludes all residents pureed diets and thos The proper position for choking. All of these in reviewed and verified. The Quality Assessme Committee had implementated to the dietary indeath of Resident #26. The QA committee fair and failed to sustain prinitiatives related to morrect diet identification as evidenced by an of Resident #6 received when a mechanical so ordered by the physicial There was no system performance related to ensure the correct diet residents. Refer to F282, F309 and Refer to F282,	r cook : 4 and cument ds and ines re that ince ds and ines re that ince ds and ines re ds and ines reside ent and mented ssues f deformation and oservat a regul off diet v an. in place t was d	acilitated by the ed training objectives mechanical soft ceived inservicing suded: The lods, mechanical lectar thick liquids. In the tray ticket. How ets are highlighted hoking, which hanical soft or hickened liquids. In the tray ticket of hickened liquids. In the tray to be sheets were were were were were were were limprovement very and training on meal tray delivery on on 8/22/14 when ar hot dog on a bun with no bread was to monitor staff ling the meal trays to elivered to the	F	520			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1)	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
			445139	B. WING			ſ	C /27/2014
	PROVIDER OR SUPPLIER JRE HEALTHCARE AT				STREET ADDRESS, CITY, STATE, Z 141 N MCLEAN MEMPHIS, TN 38104	IP CODE	<u> </u> 00/	12112014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	'MUS'	NT OF DEFICIENCIES I BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 520	was readily available tracheostomy care the Rehab Director Manager verified the suctions machines approperly. Refer to F328 and F3. During an intervious Services (DSS) official DSS stated, the Quantum Assurance (QAA) Complemented plans	to e e and for R and t e fac not a -456. ew in ce on ality A ommof co	nsure suction equipment functional for proper esident #193. Nurse #7, the Central Supply lilty had issues with the ways functioning the Director of Social 8/27/14 at 11:45 AM, the ssessment and	F 5	20			
	choking death. The DSS's statemer surveyors verified the had actually been in choking of Resident 4. Validation of the Compliance (AOC) of 26, 2014, through reaudits, review of insand interviews with a company supervisor administrative staff a surveyors validated in the AOC were imply.	nt is r at ini at ini plen #26 Cred was a view servicu dietar s, nu dietar the colema	not accurate, in that the fial corrective actions nented following the lible Allegation of accomplished on August of facility documents, are records, observations by, suction machine rising, dietary staff and distrative staff. The orrective actions stated anted which removed the					
Ì		shee: view						

	FOF DEFICIENCIES OF CORRECTION	(X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		TE SURVEY
			445139	B. WING	_			C
	PROVIDER OR SUPPLIER JRE HEALTHCARE AT	ST	PETER VILLA		_	STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN MEMPHIS, TN 38104	<u> U8.</u>	/27/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUS	NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 520	meal tickets for their The facility provided training for all dietar identification and prompetencies for foliquids by the certific registered dietician. The facility provided training with sign in proper suctioning, trof suction machines process for non-funding training with sign in proper suctioning, trof suction machines process for non-funding training with sign in proper suctioning training with sign in proper suctioning to suction machines process for non-funding training to the facility provided included physician overified on the care served to residents kitchen to the floors meals on the trays. Observations in the the meal tray was reviewed to residents and fluid and at the bread and meal tray was reviewensure the tray was. Observations in the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physically checfood tray when the control of the staff physical physi	evidence of a control of the control	dence of in-service resonnel regarding ation of diets, reparation and thickened etary manager and dence of in-service ets for licensed nurses on epstomy care, availability thion supplies and facility ing equipment. Hence of audits that is to meal tickets and Accuracy of meals clude trays from the tray tickets verified with the ence of audits that is to meal tickets and accuracy of meals clude trays from the tray tickets verified with the ence of audits that is to meal tickets and accuracy of meals clude trays from the tray tickets verified with the ence of audits that is to meal tickets and accuracy of meals clude trays from the tray tickets verified with the entre of that staff member to	F 5	20			
	when the tray is deli Observations on 8/2 machines delivered	/ere 6/14 reve on n	to the resident. of the new suction					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/11/2014 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED 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 445139 B. WING 08/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 141 N MCLEAN SIGNATURE HEALTHCARE AT ST PETER VILLA MEMPHIS, TN 38104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 520 | Continued From page 66 F 520 Interviews on 8/26/14 with CNAs, dietary staff, nurse managers, charge nurses conducted in the facility, staff verbalized how to properly check for proper diets and matching the tray tickets, what a colored meal ticket means, and how to do the Heimlich maneuver. Nurse managers verbalized how they would continue to monitor and audit the accuracy of the meal delivery. Interviews on 8/26/14 with the suction company's operations manager and director of accounts, it was verified the preventive maintenance schedule is ongoing for all new machines delivered.

FORM CMS-2567(02-99) Previous Versions Obsolete

correction.

effective plan is in place.

not immediate jeopardy.

Interview on 8/27/14 the Quality Assurance (QA) Coordinator stated that weekly performance Improvement meetings began on 8/23/14 and will be held weekly for four weeks and then monthly. The administrator will have oversight to ensure an

The facility will remain out of compliance at a scope and severity level of "D", an isolated deficient practice that constitutes no actual harm with potential for more than minimal harm that is

The facility is required to submit a plan of

Event ID: 2X7E11

Facility ID: TN7928

If continuation sheet Page 67 of 67

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