

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145697	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/19/2016
NAME OF PROVIDER OR SUPPLIER KNOX COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MARKET STREET KNOXVILLE, IL 61448		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 278 SS=D	<p>Annual Certification Survey 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED</p> <p>The assessment must accurately reflect the resident's status.</p> <p>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>A registered nurse must sign and certify that the assessment is completed.</p> <p>Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <p>Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to accurately complete a MDS (Minimum</p>	F 278			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 278	Continued From page 1 Data Set) for one of six residents (R2) reviewed for pressure ulcers in the sample of 24. Findings include: R2's MDS, dated 8/12/15, documents that R2 has a Stage two pressure ulcer. R2's Weekly Wound Observation Tool, dated 8/12/15, documents that R2 has a shearing wound that measures 5 cm (centimeters) x 6 cm x 1 cm. It also documents that R2's area is not a pressure ulcer. R2's MDS, dated 2/10/16, documents that R2 has a Stage two pressure ulcer. R2's Weekly Wound Observation Tool, dated 2/10/16, documents that R2 has a shearing wound that measures 5 cm x 5 cm x 1 cm. It also documents that R2's area is not a pressure ulcer. R2's Skin Breakdown Care plan, dated 2/17/16, documents that on 5/13/15 R2 had a sheared area to R2's right outer thigh. On 5/18/16 at 3:30 p.m., E6 (Interim MDS Coordinator) stated, "(R2's) area was shearing. It was not a pressure ulcer. I would not have coded it as a pressure ulcer."	F 278			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care	F 279			

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F 279	<p>Continued From page 2</p> <p>plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive care plan for one of three residents (R26) reviewed for admission/discharge in the sample of 24.</p> <p>Finding include:</p> <p>R26's Admission Summary, dated 12/1/15, documents, "R26, age 83, arrived today via ambulance and admitted to room 104A...R26 was admitted from local hospital...At this time R26 is considered a short term resident. R26 would like to go home with or without assistance as needed."</p> <p>R26's Minimum Data Set, dated 12/8/15, documents in Section Q Participation in Assessment and Goal Setting that R26 expects to be discharged to the community and that R26 wants to talk to someone about the possibility of leaving the facility and returning to live and</p>	F 279			

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F 279	Continued From page 3 receive services in the community. R26's Discharge Summary, dated 2/25/16, documents, "R26 discharged to home at this time...R26 will receive home health services." R26's Care plan, dated 12/1/15, contains no comprehensive care plan addressing R26's discharge plan. On 5/18/16 at 8:20 a.m., E4 (Social Services Director) stated, "If a resident is planning on discharging home we create a care plan. (R26's) goal was to discharge home. (R26) should have had a plan in place to discharge home. (R26) does not have a discharge plan care plan."	F 279			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that preventative skin care plan interventions were implemented for one of seven residents (R4) reviewed for pressure ulcers in the sample of 24. Findings Include: R4's current electronic Physician's Orders document the following order: "Apply pressure relieving boots on both feet when in bed and PRN, (As Necessary) every shift. Offload heels at all times every shift and apply protective arm sleeves on in morning off at HS (At Bedtime)."	F 282			

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F 282	Continued From page 4 R4's current care plan dated 4/28/2016 documents the following interventions dated 12/22/2015: "Apply pressure relieving boots on both feet when in bed and PRN. Offload heels at all times." This same care plan also documents the following intervention dated 2/22/2016: "Protective arm sleeves for safety." On 5/16/2016 at 8:45 a.m., R4 was lying in bed with no pressure relieving boots in place. Both of R4's heels were lying directly on the bed and R4 was not wearing protective arm sleeves on either of R4's arms. On 5/16/2016 at 11:30 a.m., E5/LPN (Licensed Practical Nurse) stated, "(R4) does not have sleeve protectors on (R4's) arms, (R4) is not wearing pressure relieving boots, and (R4's) heels are lying directly on the bed." On 5/17/2016 at 12:15 p.m. E2/ DON (Director of Nurses) stated, "I expect all staff to follow physician's orders and follow all interventions on the care plan."	F 282			