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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445191 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/29/2020 |
| NAME OF PROVIDER OF SUPPLIER NHC HEALTHCARE, HENDERSONVILLE | | STREET ADDRESS, CITY, STATE, ZIP 370 OLD SHACKLE ISLAND RD HENDERSONVILLE, TN 37075 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on facility policy review, medical record review, and interview the facility failed to notify the physician and family upon discovery of open areas on the body of 1 of 3 residents (Resident #1) reviewed for open areas. The findings include: Review of undated facility policy Patient Rights revealed .It is the intention of (named facility) that all treatment decisions and especially end of life treatment decisions be made as a part of the ongoing planning of the patient, persons speaking on behalf of the patient, and the patient's personal physician with minimal institutional intrusion. You have the right to accept or refuse any medication or treatment . Review of the medical record, revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the admission Minimum Data Set ((MDS) dated [DATE] revealed</p> <p>Resident #1 had a Brief Interview for Mental Status (BIMS) score of 4 which indicated severe cognitive impairment. Review of the care plan dated 6/23/2020 revealed Resident #1 was care planned for skin break down and to be observed by staff for any signs and symptoms of skin irritation. Review of the progress note for nursing dated 7/18/2020 revealed .Pt (patient) has opening on sacrum and R (right) shoulder. Notified wound nurse and applied dressing and cream . During an interview with Licensed Practical Nurse (LPN) #1 on 7/29/2020 at 1:18 PM revealed LPN #1 cared for Resident #1 on July 18th and 19th. Continued interview revealed LPN #1 was alerted by the Certified Nurse Aide (CNA) #1 Resident #1 had red area on her sacrum and right shoulder. Continued interview confirmed LPN #1 did not notify the physician or the assigned family member of the open areas discovered. Continued interview revealed LPN #1 stated .I should have put in the standing orders for wounds . During an interview on 7/29/2020 with the Director of Nursing (DON) at 2:39 PM confirmed it was LPN #1's responsibility to notify the physician, put the standard orders in the computer and call the family.</p> | | |
| 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.