

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER CUMBERLAND VILLAGE CARE		STREET ADDRESS, CITY, STATE, ZIP 136 DAVIS LANE LAFOLLETTE, TN 37766	
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 review of facility policy, medical record review and interview, the facility failed to notify the responsible party of a change in physical status and treatment plan for 1 resident (#1) of 3 residents reviewed for wound management. The findings include: Review of the facility policy Change in Condition: Notification, dated 11/28/2016, showed, A Center must immediately inform the patient, consult with the patient's physician, and notify, consistent with his/her authority, the patient's Health Care Decision Maker .A need to alter treatment significantly . Review of Resident #1's medical record showed she was admitted [DATE] with [DIAGNOSES REDACTED]. Review of the Skin Integrity Reports for Resident #1 showed on 7/11/20, a pressure ulcer was identified on the right hip. It presented as a blister and measured 2.0 cm (centimeters) length by 2.0 cm width and undetermined depth. On 8/6/20, the right hip pressure ulcer measured 4.0 cm length by 5.0 cm width with a 0.1 cm depth with 100% necrotic tissue covering the pressure ulcer. Continued review of Resident #1's Skin Integrity Reports revealed she had a left outer knee pressure ulcer identified on 7/17/20 with 75% [MEDICATION NAME] tissue and 25% necrotic tissue that measured 1.5 cm length by 1.5 cm width with a 0.1 cm depth. On 8/6/20, the pressure ulcer measured 1.0 cm length by 1.0 cm width with 0 depth and 100% necrotic tissue. Interview with the Administrator and the Director of Nurses by telephone on 8/25/2020 at 12:45 PM, confirmed the facility had no documentation Resident #1's son (and POA) had been notified of the development of the pressure ulcers of the right hip and left outer knee in 7/2020.</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.