

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 44E232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER BLED SOE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to investigate an injury of unknown origin for 1 (Resident #1) with a leg injury of 5 residents reviewed for injuries of unknown origin. The findings include: Review of the facility's policy titled Abuse, Neglect and Misappropriation Protocol, dated 12/2017 revealed the facility will investigate any reported violation or allegation of abuse. injury of unknown source is defined as an injury that meets both of the following conditions: The source of the injury was not observed by any person or the source of the injury could not be explained by the resident. is suspicious because of: the extent. the location. the individual conducting the investigation will, at as a minimum review the completed Resident Abuse Report, review the resident's medical record, interview the person (s) reporting the incident, interview any witnesses, interview the resident, interview the resident's attending physician, interview staff members who have had contact with the resident, interview other residents, review all events leading up to the alleged incident. results will be recorded on the Resident Abuse Investigation Report. investigator will give a copy to the Administrator within 2 working days of the reported incident. Administrator will inform the resident and his/her representative of the results of the investigation and correction action taken within 3 days of the completion of the investigation. administration will provide a written report of the results of all abuse investigations and appropriate action taken to the state survey and certification agency, and the local police department and others as may be required. Review of the medical record showed Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 4, indicating the resident was severely cognitively impaired. Continued review revealed the resident had a history of [REDACTED]. Review of a Nurse's Note dated 7/20/2020 at 10:19AM revealed Resident #1 complained of .pain right leg .right leg approx. (approximately) 3 inches shorter (than left) and turned to the right. (Medical Director) notified .x-ray stat (immediately) . Review of a Nurse's Note dated 7/20/2020 at 12:00 PM revealed .x-ray results showed multiple fractures .patient (Resident #1) sent to ER (emergency room) . Review of an Acute Care Facility Emergency Department (ED) Provider's Note dated 7/21/2020 revealed .(Resident #1) does report approximately one week of pain .is non-ambulatory .lateral angulation (turned at an angle) of the right ankle .tenderness .yellow-blue appearing ecchymosis (bruising) .fracture reduction .casted .tolerated well . Review of an Acute Care Facility Discharge Summary dated 7/21/2020 revealed .[MEDICAL CONDITION] malleolus (broken ankle) .mildly displaced (the two ends of the bone are not lined up) and soft tissue swelling . Review of the facility Incident/Accident Log dated 4/2020 - 8/2020 revealed no documentation an incident report was completed for the injury to Resident #1's leg on 7/20/2020. During an interview conducted on 8/17/2020 at 2:30 PM, Licensed Practical Nurse (LPN) #3 stated he was notified by a Certified Nursing Assistant (CNA) on 7/20/2020 that Resident #1's right leg was twisted. LPN #3 stated he notified the Medical Director and Resident #1 was sent out to the hospital. During a telephone interview on 8/17/2020 at 2:32 PM, Resident #1 stated she could not recall how her ankle was broken. During an interview on 8/18/2020 at 2:52 PM, the Administrator revealed she was aware Resident #1 was transported to the ED on 7/20/2020. Continued interview confirmed Resident #1's injury was not listed on the Incident/Accident Log and no investigation was completed. Further interview confirmed .no one addressed the situation; I know it (injury) lacks (investigation) .there was no thorough investigation done .I know we have a lot to work on .</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.