## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/18/2025 Form Approved OMB No. 0938-0391

(X4) ID PREFIX TAG  SUMMARY ST (Each deficience)  F 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Based on me for 1 Resider  The findings  Medical reconstage Renal Failure, Peripher Review of the Interview for Resident #4 with activities  Review of the Short acting facility standing Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Resident #4 with activities  Review of the Interview for Review of Review of Review of the Interview for Review of Review of Review of Review for Review for Review of Review for Review for Review for Review for Review for Revie						
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Failure, Perip Review of the Interview for Resident #4* with activities Review of ha (short acting facility standi Review of the . House Slidii (equals) 0 (ui 8 units, 351-4 after 2 hour re	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30647  Based on medical record review and interview, the facility failed to accurately transcribe a physician's order for 1 Resident (Resident #4) of 9 residents reviewed for physician's order.  The findings included:  Medical record review showed Resident #4 was admitted to the facility on [DATE] with diagnoses of End					
.House Slidir (equals) 0 (ur 8 units, 351-4 after 2 hour r	Stage Renal Disease, Type 1 Diabetes without Complications, Long Term Insulin Use, Congestive Hea Failure, Peripheral Vascular Disease, History of Transient Ischemic Attack, and Hypertension.  Review of the 5 Day Minimum Data Set (MDS) assessment dated [DATE], showed Resident #4 had a Enterview for Mental Status Score of 10 which indicated the resident had moderate cognitive impairment Resident #4 was dependent upon renal dialysis twice weekly and required assistance of one or two per with activities of daily living.  Review of handwritten Physician orders dated 11/25/2023, showed Resident #4 was prescribed .Humul (short acting insulin) with House Sliding Scale AC and HS [before meals, 3 times daily and bedtime] . pagainty standing protocol (House Sliding Scale).					
(sliding scale  Review of the incorrectly traintermediate .	Review of the House Sliding Scale Protocol For Blood Glucose Monitoring showed:  .House Sliding Scale Insulin Coverage .0-60 (blood glucose reading) follow hypoglycemic protocol .61-150 = (equals) 0 (units of insulin to administer), 151-200= 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units .401 or greater .15 units and recheck .in 2 hours .if .remains greater than 400 after 2 hour recheck, notify MD/NP (Medical Doctor, Nurse Practitioner) .  Review of the handwritten Physician Orders for Resident #4 dated 12/13/2023, showed .DC [discontinue] CS [chemstick, blood glucose monitoring] . check chemstick AC HS and 0300 [3:00 AM] .continue house SSI (sliding scale insulin) TID AC (three times daily before meals) .  Review of the Medication Administration (MAR) for Resident #4 dated 12/13/2023, showed the facility had incorrectly transcribed the name of the insulin ordered for sliding scale onto the MAR as Humulin N (an intermediate acting insulin) (not Humulin R, the actual ordered insulin medication) AC .TID [three times daily] .  (continued on next page)					

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 445105

If continuation sheet Page 1 of 2

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445105	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024	
NAME OF PROVIDER OR SUPPLIER Shannondale Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7424 Middlebrook Pike		
Shamericale Freakin Gare Contes		Knoxville, TN 37909		
For information on the nursing home's p	plan to correct this deficiency, please con	tact 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 0755  Level of Harm - Minimal harm or potential for actual harm	Review of the pharmacy delivery record and billing summaries for November 2023 and December 2023 showed no Intermediate Acting Insulin (Humulin N) was delivered to the facility or billed to Resident #4 for use. Prescriptions for short acting Insulin (Humulin R, the actual ordered medication) were filled and delivered to the facility on [DATE] and 12/6/2023.			
Residents Affected - Few	Review of nursing notes dated 12/21/2023 at 2:37 PM, for Resident #4 showed .Endocrinologist office called and stated to hold insulin [Humulin N, the presumed order and the order which had been transcribed onto the MAR] .order sent from office, they are clarifying insulin orders and re-faxing this afternoon .Floor Nurse and House Supervisor notified .			
	was launched on 12/21/2023 when who inquired as to the accuracy of scale insulin for Resident #4. The Einsulin for sliding scale usage on the time it was written on 12/13/2023. Wrong Insulin name in an automate entered Humulin N versus Humulin had been sent to the Endocrinologi reported since no new prescription for review or fulfillment, and Humul received the incorrect insulin. The I prescribed) for the sliding scale used orders onto the MAR on 12/13/2020 confirmed multiple nursing staff had	the MAR provided them that morning in DON reported the facility detected the the MAR on 12/21/2023 and had not det The DON explained the transcribing nu dd drop- down menu box in the facility's R for sliding scale usage onto the upd st office on 12/21/2023, the day of the for Humulin N had been written, the or in N insulin was not available for Resid DON reported the facility continued to a central the transcribing and the morning the morning the facility had for the down manufacture of the morning the facility had for the facility had for the morning the facility had for	om Resident #4's Endocrinologist in relation to the Humulin N sliding ranscription error of the Humulin N ected the transcription error at the rise had inadvertently clicked the electronic record system and ated MAR on 12/13/2023, which resident's appointment. The DON der had not gone to the pharmacy ent #4 use, the resident had not administer Humulin R (as originally ailed to accurately transcribe new locrinologist office. The DON liding scale protocol to Resident #4	