

# Survey Deficiency Summary

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10 Facilities Surveyed

Surveys Taken 3/6/2013 - 3/27/2013

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## **F157 Notification of changes to designated individuals that affect resident well-being.**

- D Facility failed to notify the physician of a laboratory test not obtained for one patient.
- D Facility failed to notify the physician of a decline in ambulation and transfer for one patient.
- D Facility failed to notify the physician of a fall for one patient.

## **F221 Right to be free from physical restraints.**

- L Facility failed to assess side rails as a restraint and failed to ensure side rails did not pose a risk of entrapment or injury from falls. Facility failed to reduce or eliminate side rail restraint for five patients with incidents and/or injuries involving side rails. The facility failed to complete a pre-restraint assessment prior to placing one patient in a seat-belt restraint and failed to assess side rails as a restraint for 28 patients without identified incidents related to side rails. This failure placed multiple patients in immediate jeopardy and substandard quality of care.

## **F225 Facility must not hire person with abuse history.**

- D Facility failed to report allegations of abuse for three patients.
- D Facility failed to initiate investigations on allegations of abuse or mistreatment by staff for one patient.

## **F241 Dignity: Facility must allow residents to maintain his/her self-esteem & self-worth.**

- D Facility failed to maintain the dignity of one patient. A handwritten sign was posted on the outside of the patient's closet door which read..."is not to have briefs on. Use disposable chux."

## **F246 Right to accommodations of individual needs & preferences.**

- D Facility failed to ensure the call light was in reach for two and failed to ensure the humidifier container was not empty for one patient receiving oxygen therapy.

## **F247 Right to receive notice of change in resident's room.**

- E Facility failed to provide notice of room/roommate change for three patients.

## **F272 Comprehensive assessment.**

- D Facility failed to accurately assess the functional limitation for one patient.
- D Facility failed to accurately assess the functional limitation for one patient.
- D Facility failed to accurately assess one patient's weight loss.

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- D Facility failed to assess the appropriateness of a physical restraint for one patient.
- D Facility failed to identify the dental status of one patient.

**F278 Assessment must be conducted with the appropriate participation of health professionals.**

- D Facility failed to accurately assess for bladder function, skin and dental status for two patients.

**F279 Facility must develop a comprehensive care plan with objectives/timetables.**

- D Facility failed to revise the care plan for the care and management of hand contractures for one patient and failed to revise the care plan after a fall for one patient.
- D Facility failed to develop comprehensive care plans to address urinary incontinence for one patient.
- D Facility failed to care plan a weight loss for one patient.
- D Facility failed to develop a pressure ulcer care plan for one patient and failed to develop a care plan that was individualized to meet patient needs for two patients.
- D Facility failed to develop a care plan to include the use of the anticoagulant Lovenox and scheduled hip replacement surgery for one patient.

**F280 Care plans must be reviewed & revised by qualified persons.**

- D Facility failed to include one patient in care plan meetings.

**F281 Services must meet professional standards of quality.**

- D Facility failed to follow a psychiatric recommendation for one patient.

**F309 Each resident must receive care for highest well-being.**

- D Facility failed to follow physician's orders for one patient.

**F312 Resident receives services to maintain good nutrition/grooming/hygiene.**

- D Facility failed to provide assistance with bathing as ordered for one patient.
- D Facility failed to ensure mouth care was provided for one patient who was receiving tube feeding.
- D Facility failed to provide scheduled showers for one patient.

**F314 Resident does not develop pressure sores.**

- D Facility failed to prevent the development of a pressure ulcer for one patient.
- D Facility failed to ensure weekly skin assessments were completed for two patients at risk for the development of pressure ulcers.
- D Facility failed to follow physician's orders for wound care for three patients.

**F315 Incontinent resident receives appropriate treatment and services.**

- D Facility failed to put interventions into place to prevent decline in bladder function for two patients.
- D Facility failed to provide incontinence care for two patients.

**F318 Range of motion.**

- D Facility failed to provide services for a decline in range of motion for one patient.

**F319 Psychosocial adjustment difficulty.**

- D Facility failed to follow psychiatric recommendations for one patient.

**F323 Accident hazards.**

- K Facility failed to assess the appropriate use of full side rails to prevent accidents and ensure side rails did not pose a risk of injury for three patients. Facility failed to apply appropriate safety devices after falls for one patient and failed to ensure adequately trained staff performed a safe transfer for one patient resulting in an avoidable fall with head injury. This placed multiple patients in immediate jeopardy and substandard quality of care.
- E Facility failed to ensure safety devices were in place to prevent falls for two patients.
- D Facility failed to ensure a new intervention was put in place after a fall for two patients.
- D Facility failed to implement an intervention to prevent future falls and failed to ensure interventions in place were properly functioning to prevent future falls for one patient. Facility failed to complete an accurate falls investigation for one patient.
- D Facility failed to correctly apply restraints for two patients.

**F325 Facility must ensure acceptable parameters of nutritional status.**

- G Facility failed to maintain adequate nutritional status for one patient. This failure resulted in harm for the patient.

**F328 Proper treatment & care for specialized services.**

- D Facility failed to monitor the oxygen saturation level to ensure an adequate level of oxygen was in use for two and failed to ensure the oxygen tank was not empty and the patient was receiving oxygen therapy.

**F332 Facility medication error rates of 5% or more.**

- D Facility failed to prevent medication errors less than 5 percent resulting in five errors to equal an error rate of 9 percent.

**F333 Residents free of significant medication errors.**

- D Facility failed to ensure a significant medication error did not occur for one patient.

**F334 Flu Immunization**

- E Facility failed to document the patient was offered the pneumococcal immunization or instructed on the benefits and potential side effects of the vaccine.

**F356 Nurse staffing data**

- C Facility failed to post nurse staffing data in a prominent place readily accessible to patients and visitors on a daily basis.
- C Facility failed to post daily nurse staffing information.

**F371 Store, prepare, distribute, & serve food.**

- F Facility failed to maintain proper sanitation for food preparation equipment and hand washing in the dietary department.
- F Facility failed to provide sanitary storage of food and equipment.
- E Facility failed to provide sanitary storage of prepared food trays for two hallways and failed to prevent visitor access to the patient nutrition room. Facility failed to maintain proper refrigerator temperature in one patient nutrition room.

**F372 Disposes of garbage & refuse.**

- C Facility failed to ensure the proper containment of waste.
- B Facility failed to maintain the area surrounding the refuse containers (dumpsters) in a sanitary manner.

**F412 Medicaid patients must be provided with dental services.**

- D Facility failed to obtain dental services for one patient.

**F425 Provide routine and emergency medications; allow unlicensed personnel to administer drugs per law under supervision.**

- D Facility failed to ensure medications were available for administration for one patient.
- D Facility failed to ensure an anti-seizure medication was appropriately labeled by the facility staff resulting in a significant medication error for one patient.

**F431 Labeling of drugs & biologicals.**

- E Facility failed to ensure medications and biologicals with an expired date were not available for use in one of four medication carts and two medication rooms. Facility failed to ensure internal medications were stored separately from external medications in one medication refrigerator.
- D Facility failed to ensure the contents of emergency medications for patients were secured in two of three emergency boxes observed; failed to provide an expiration date on one of four glucose control test solutions; and failed to properly dispose of controlled substances on one of five medication carts.

- D Facility failed to store patient medications appropriately for one patient.
- D Facility failed to ensure a proper disposal method had been followed for a controlled substance.

**F441 Investigates, controls/prevents infections.**

- E Facility failed to follow their policy on Clostridium Difficile for one patient.
- E Facility failed to ensure the dietary personnel washed their hands following standard hygiene practices for two of the three sinks in the dietary department.
- D Facility failed to ensure patient food trays were not accessible to non-employees visiting the facility.
- D Facility failed to follow infection control standards for contact isolation for one patient.

**F456 Sufficient space & equipment maintenance.**

- E Facility failed to maintain the oxygen equipment in accordance with manufacturer's recommendations for four patients.

**F469 Effective pest control.**

- B Facility failed to ensure biological waste was properly contained for disposal and failed to ensure the facility was free of pests in one biohazard storage room.

**F497 Regular in-service education.**

- F Facility failed to ensure CNA received the required 12 hours of in-servicing per year.

**F502 Provide or obtain clinical laboratory services.**

- D Facility failed to perform a diagnostic lab test timely after ordered by the physician.

**F514 Criteria for clinical records.**

- D Facility failed to accurately document personal care for one patient.
- D Facility failed to ensure an accurate medical record for one patient.
- D Facility failed to maintain a complete and accurate medical record for one patient.

**K018 Construction of Doors**

- F Facility failed to provide fire rated doors protecting the corridor that resist the passage of smoke due to the compartment being fully sprinklered.

**K027 Doors In Smoke Barriers**

- E Facility failed to maintain the doors in smoke partitions. The doors would not close to a positive latch.

**K029 Hazardous Areas Separated By Construction**

- D Facility failed to ensure hazardous area doors were not self closing.
- D Facility failed to maintain its one hour rated fire construction. There were penetrations in the fire wall.
- D Facility failed to maintain its one hour fire construction. There were penetrations in the fire wall.

**K054 Smoke Detector Maintenance**

- D Facility failed to have smoke detectors located at least three feet from the air flow.

**K061 Automatic Sprinkler - Main Control Valve**

- D Facility failed to have the sprinkler system supervised so that when the valves are closed an alarm will sound.

**K062 Automatic Sprinkler - Maintenance**

- D Facility failed to maintain the sprinkler system. Sprinkler heads were mixed as to standard response and quick response heads.
- D Facility failed to maintain the sprinkler system and its components. The water motor gong does not work when tested, and there were mixed sprinkler heads of standard response and quick response throughout the building.
- D Facility failed to maintain the sprinkler system.

**K066 Smoking Regulations**

- D Facility failed to have smoking regulations that complied with applicable provisions. The metal containers with self-closing cover devices into which ashtrays can be emptied were not present.

**K067 Ventilating Equipment**

- F Facility failed to maintain the fire dampers. The facility was past due with the four-year required maintenance to the fire dampers.
- F Facility failed to have all fire dampers installed in its one-hour fire rate ceiling.
- E Facility failed to maintain the smoke and fire barrier doors. The doors were propped open and were not connected to the alarm system.

**K069 Commercial Cooking Equip. Meets Requirements**

- D Facility failed to maintain its kitchen hood extinguishing agent.

**K073 Flammable Furnishings**

- D Facility failed to prevent the use of furnishings and decorations of highly flammable character.

**N1410 Disaster Preparedness; Fire Safety Procedures Plan**

Facility failed to exercise the yearly earthquake drill.

**N415 Administration; Resident Funds**

Facility failed to ensure personnel files included current licenses and/or abuse registry verification for six personnel files reviewed.

**N831 Building Standards**

Facility failed to maintain the overall nursing home environment for the safety of patients and staff.

Facility failed to ensure a reliable sprinkler system water supply for each building.

Facility failed to ensure alterations to the facility are made with prior approval from the Tennessee Department of Health. An existing storage space is not being used for inpatient physical therapy without approval.

**N835 Building Standards; Approval of New Construction**

Facility failed to obtain prior approval from the Tennessee Department of Health (TDH) for renovations to the facility. The activity storage room was a wooden framed room that was constructed without prior approval.

**N848 Building Standards; Exhaust & Air Pressure**

Facility failed to have negative air pressure in all dirty areas.

Facility failed to arrange and maintain the overall nursing home environment. There was no negative air flow in some required areas.