

# Survey Deficiency Summary

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23 Facilities Surveyed

Surveys Taken 7/31/2014 - 9/24/2014

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## **F164 Right to privacy & confidentiality.**

- D Facility failed to ensure one staff member maintained patient privacy during positioning for dinner. The privacy curtain was not pulled, and the patients legs were exposed to the hallway.

## **F167 Right to examine survey results of the facility.**

- C Facility failed to make the survey results readily accessible and failed to post a notice of their availability.

## **F176 Self-administration of drugs by resident.**

- D Facility failed to have an assessment or a physician's order for one patient observed self-administering medications.

## **F203 Notice before transfer or discharge.**

- D Facility failed to ensure a 30 day written notice of discharge for one patient.

## **F205 Notice of bed-hold policy & readmission.**

- D Facility failed to provide notice of the facility bed hold policy at the time of transfer for one patient.

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

- D Facility failed to report an allegation of misappropriation to the state survey and certification agency as required.
- D Facility failed to implement the abuse policy after an allegation of physical abuse for two patients.

## **F226 Facility must have written policies in place to prevent abuse & neglect.**

- E Facility failed to ensure pre-employment abuse and background checks were conducted; failed to provide abuse prohibition training; and failed to develop policies to include prevention, reporting, training, and screening of staff prior to having direct contact with the patients for nine personnel.

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

- E Facility failed to promote care for a patient in a manner that maintained or enhanced patients dignity and respect as evidenced by five staff members referring to the patients needing assistance with meals as "feeders".
- D Facility failed to ensure dignity was maintained for one patient.

17-Oct-14

**F242 Right to choose activities, schedules, & health care.**

- D Facility failed to ensure staff honored the patient's choice to remain up in a wheelchair.
- D Facility failed to ensure all patients had the right to make choices about aspects of their lives. The staff failed to allow choices for bathing and schedules for two patients.

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

- D Facility failed to notify one patient of a roommate change.

**F248 Ongoing activities program to reflect resident's needs.**

- D Facility failed to provide an ongoing program of activities designed to meet the interests and the physical, mental and psychosocial well-being of one patient.

**F253 Housekeeping & maintenance services.**

- E Facility failed to ensure housekeeping provided services to maintain a sanitary, orderly and comfortable environment as evidenced by pervasive odors in five patient rooms.

**F272 Comprehensive assessment.**

- D Facility failed to assess two patients for non-pressure related skin conditions.

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

- D Facility failed to ensure the MDS assessments were accurate for dialysis or urinary incontinence for two patients.
- D Facility failed to accurately assess a patient for dialysis for one patient.
- D Facility failed to ensure the MDS was done accurately to reflect a fall with no injury for one patient.
- D Facility failed to ensure the MDS accurately assessed weight loss for two patients.
- D Facility failed to complete an accurate MDS assessment for one patients.

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

- D Facility failed to revise the care plan to reflect the current status of a patient related to vision for one patient.
- D Facility failed to revise the care plan for behaviors or nutrition for two patients.

**F282 Services must be provided by qualified persons.**

- D Facility failed to ensure care plan interventions were followed for nutrition, for behaviors and/or monitoring for side effects of antipsychotic medications.

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

- D Facility failed to provide services and care in accordance with the physician's order for one patient.
- D Facility failed to follow a physician's order related to the administration of medication for one patient.
- D Facility failed to ensure 2:00 p.m. snacks were provided as ordered by the physician for three patients. Facility also failed to document wound care for one patient.

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

- D Facility failed to complete a bladder assessment and re-assess after a decline in continence for one patient.
- D Facility failed to provide a medical justification for a urinary catheter for one patient.

**F322 Tube feeding/prevention.**

- D Facility failed to ensure one medication nurse checked the PEG tube placement according to the facility's policy prior to administering medications.

**F323 Accident hazards.**

- G Facility failed to ensure a safe seating device was provided during transfer resulting in actual harm with a right ankle fracture when the foot was caught under the wheelchair during transport of the patient.
- D Facility failed to ensure that a portable oxygen tank was secured on two days of the survey.
- D Facility failed to ensure biologicals were safely stored as evidenced by a bottle of rubbing alcohol sitting on the over bed table in a patient room.
- D Facility failed to provide adequate supervision to prevent falls for one patient.
- D Facility failed to ensure interventions were in place for one patient to prevent falls.

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

- E Facility failed to address the nutritional status of two patients reviewed with weight loss.
- D Facility failed to give supplements as ordered for two patients.
- D Facility failed to follow the physician orders for supplements for one patient.

**F329 Each resident's drug regimen must be free from unnecessary drugs.**

- D Facility failed to monitor behaviors or monitor for side effects related to antipsychotic medication use.

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

- D Facility failed to ensure two nurses administered medications with a medication error rate of less than 5 percent.

D Facility failed to correctly administer two of 25 medications during the medication pass.

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

D Facility failed to ensure that a patient was free from a significant medication error as evidenced by the failure to administer Renvela with food for one patient.

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

F Facility failed to ensure food was stored, prepared and distributed under sanitary conditions as evidenced by the milk cooler being in disrepair. There were dirty floors and baseboards, black substance in seal of ice maker and milk cooler and ice and condensation on the outside of the freezer.

F Facility failed to ensure food was stored, prepared and distributed under sanitary conditions as evidenced by the chef not wearing a hair and beard cover. There was open food in the freezer and cooler; enchilada sauce sitting on the floor; and opened and undated sauces, syrups, and vinegars. There was a grease build up and unknown particles; carbon build up on pots and pans and the kitchen floor was dirty.

F Facility failed to maintain a sanitary kitchen by not properly storing food and cleaning kitchen equipment.

E Facility failed to maintain kitchen sanitation as evidenced by chicken salad stored past the three day storage. There was dirty kitchen equipment and one dietary staff member failed to ensure hair was covered by a hair net. Plate covers were held against the clothes prior to placement on the tray line.

E Facility failed to ensure food was protected from physical contaminants and other sources of contamination as evidenced by kitchen doors observed propped open and 18 unauthorized persons entered the kitchen with no hair coverings.

D Facility failed to maintain kitchen sanitation on one day of the survey as evidenced by the presence of a black substance on the floor around the drain and along the baseboards. There was also excessive dust on the wall behind the ice machine and the presence of a juice dispenser leaking fluid directly onto the floor.

D Facility failed to maintain kitchen sanitation as evidenced by three individual butter containers and dust on the floor under the fryer; splattered grease on the floor; and a dark brown grease inside the fryer.

D Facility failed to ensure food was served under sanitary conditions as evidenced by one staff member failing to perform proper hand hygiene during a meal service.

D Facility failed to maintain a sanitary meal preparation practice. The CNAs touched the patients bread with their bare hands.

D Facility failed to ensure food was prepared and distributed under sanitary conditions as evidenced by a family member entering the kitchen during the noon meal and did not wear a hair covering.

**F406 Facility must provide or obtain specialized rehabilitative services.**

- G Facility failed to ensure wheelchair footrests were available for use and failed to ensure a timely evaluation for an appropriate seating device resulting in actual harm and a right ankle fracture when the patient's foot was caught under the wheelchair during transport.

**F431 Labeling of drugs & biologicals.**

- E Facility failed to ensure medications were stored properly as evidenced by unsecured medication, medications and food stored in the same refrigerator, supplies stored past their expiration dates and medication stored with other supplies.
- E Facility failed to ensure expired medications were not available for use in one of two medication storage refrigerators.
- D Facility failed to ensure medications and biologicals were stored safely and securely in two medication storage areas.
- D Facility failed to ensure discontinued medications were disposed of properly for one medication cart and failed to ensure food was not stored in the medication refrigerator.

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

- F Facility failed to store five topical cold packs and a personal lunch bag in a manner to prevent the spread of infection in three patient nourishment room refrigerators.
- E Facility failed to provide documentation that sitters were free from communicable diseases prior to having contact with patients living in the facility.
- E Facility failed to ensure infection control practices were followed when one nurse failed to utilize a protective barrier and/or failed to wash hands during two wound dressing changes. One staff member touched food with her bare hands during meal service.
- E Facility failed to store supplies in a sanitary manner in two of two medication rooms. There were cigarettes stored on the shelf with IV equipment.
- D Facility failed to ensure food was prepared or served under sanitary conditions as evidenced by three CNAs failing to practice sanitary hand hygiene during serving and setting up meal trays.
- D Facility failed to ensure proper infection control practices were provided to prevent contamination or cross contamination in one isolation room.
- D Facility failed to follow current infection control principles to prevent cross contamination during the delivery of meal trays for one hallway.
- D Facility failed to follow current infection-control principles to prevent cross contamination during the delivery of meals for one hallway.
- D Facility failed to provide appropriate infection control while administering medications for one LPN.

**F463 Resident call system.**

- D Facility failed to ensure the emergency call light system was functioning for two rooms.

**F469 Effective pest control.**

- E Facility failed to ensure the facility was free of pests as evidenced by flies in the center.
- D Facility failed to ensure the environment was free of pests as evidence of flies and a gnat on one floor.

**F514 Criteria for clinical records.**

- D Facility failed to ensure the medical record was accurately documented for administration of supplements; monitoring behaviors; and/or monitoring for side effects of antipsychotic medication for three patients.
- D Facility failed to ensure the medical record was complete when bath/showers were not documented as being done.
- D Facility failed to maintain accurate medical records for two patients.
- D Facility failed to maintain accurate and complete medical records for two patients.

**K017 Corridors Separated With Fire Walls**

- E Facility failed to maintain smoke-resistant partitions. There were penetrations in the fire wall.

**K018 Construction of Doors**

- E Facility failed to maintain all doors to resist the passage of smoke. There were some room doors that would not close to a positive latch.
- D Facility failed to maintain one smoke door to resist the passage of smoke.
- D Facility failed to ensure corridor doors closed to a positive latch.
- D Facility failed to ensure corridor doors closed to a positive latch.

**K022 Enclosure Doors Serving Exits**

- D Facility failed to provide clear directions of egress for two exit signs observed. The directional arrows were not illuminated.

**K027 Doors In Smoke Barriers**

- E Facility failed to maintain the corridor openings. There was a hole in the locking area of the nourishment room door.

**K029 Hazardous Areas Separated By Construction**

- D Facility failed to provide separation of hazardous areas from other areas in the facility and failed to have self-closing doors to hazardous areas.
- D Facility failed to ensure hazardous area's one hour fire rated construction is maintained.

**K038 Exit Accessible At All Times**

- D Facility failed to maintain clear egress in three exit corridors. There was equipment stored in the hallways.

**K045 Exit Lighting**

- D Facility failed to provide egress lighting of exit paths to the public way.

**K046 Emergency Lighting**

- F Facility failed to test four emergency battery backup lights for 90 minutes annually.

**K047 Exit Signs**

- D Facility failed to display an exit sign appropriately. The chevron was pointed in the wrong direction.

**K050 Fire Drills**

- F Facility staff failed to perform their assigned duties during a fire drill according to the fire plan.
- F Facility failed to ensure staff were familiar with the fire-drill procedures.
- F Facility failed to familiarize staff on fire-drill procedures. Staff left a visitor standing in the hall during a drill.
- D Facility staff failed to perform their assigned duties during the fire drill when they failed to close the doors.
- D Facility staff failed to perform their assigned duties according to the policies and procedures manual. The patients in the sun room were not moved behind fire doors during the drill.

**K051 Fire Alarm System**

- D Facility failed to have installed the components of the fire alarm in accordance with NFPA 72. There were smoke detectors too close to the air flow vents.

**K052 Testing of Fire Alarm**

- D Facility failed to maintain the fire alarm system.

**K054 Smoke Detector Maintenance**

- D Facility failed to provide sensitivity testing to smoke detectors bi-annually.

**K061 Automatic Sprinkler - Main Control Valve**

- E Facility failed to provide electronic supervisory tamper switches on the sprinkler system control valves.
- D Facility failed to have control valves for the sprinkler riser electronically supervised so that a signal sounds and is displayed at a continuously monitored location.

### **K062 Automatic Sprinkler - Maintenance**

- E Facility failed to provide a fire sprinkler wrench inside the sprinkler supply box; failed to maintain all sprinkler heads; and failed to provide quarterly inspections for the sprinkler system.
- E Facility failed to ensure the sprinkler system was maintained.
- E Facility failed to maintain sprinkler piping free from external loads.
- D Facility failed to maintain sprinkler heads in a manner designed for operation.
- D Facility failed to maintain the automatic sprinkler system. There were corroded sprinkler heads under the smoking porch.
- D Facility failed to maintain sprinkler heads free from paint.
- D Facility failed to maintain the automatic sprinkler system.
- D Facility failed to ensure that when quick response sprinklers were used, all in that compartment were quick response.
- D Facility failed to perform all tests on the automatic sprinkler system.

### **K064 Portable Fire Extinguishers**

- E Facility failed to install 10 fire extinguishers at the required minimum height.

### **K066 Smoking Regulations**

- D Facility failed to provide metal containers with self-closing lids into which ashtrays can be emptied.

### **K067 Ventilating Equipment**

- F Facility failed to maintain all fused link fire dampers.
- F Facility failed to maintain the smoke dampers in operable condition.
- F Facility failed to perform the four-year required maintenance to all fire dampers.

### **K069 Commercial Cooking Equip. Meets Requirements**

- D Facility failed to ensure the upblast fan for the kitchen hood exhaust was hinged.
- D Facility failed to have the kitchen upblast fans hinged.

### **K072 Furnishings and Decorations**

- D Facility failed to maintain a clear path from the exit discharge to the public way from the back hall.

### **K076 Nonflammable Medical Gas Systems**

- E Facility failed to ensure medical gasses were stored properly.



D Facility failed to have oxygen storage separated by at least five feet from combustibles.

### **K130 Other LSC Deficiency Not On 2786**

F Facility failed to maintain four fire and smoke compartments. There were penetrations in the fire wall.

D Facility failed to secure one oxygen cylinder in the main rehab room.

D Facility failed to maintain the fire rated walls. There were penetrations in the fire wall.

D Facility failed to maintain the fire rated walls.

### **K144 Generators**

F Facility failed to maintain the emergency generator power supply. There was no documentation of a weekly electrolyte level inspection of the generator battery and no battery powered task illumination in the third floor electrical room.

### **K147 Electrical Wiring and Equipment**

F Facility failed to provide a sufficient number of receptacles and maintain all electrical equipment in 22 patient rooms. Power strips were being used in the rooms.

E Facility failed to provide a sufficient number of receptacles to avoid the use of extension cords or multiple outlet adapters in 13 patient rooms. The facility failed to install ground fault circuit interrupters (GFCI) within six feet of all sinks.

E Facility failed to maintain all electrical wiring and components.

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E Facility failed to maintain the electrical equipment.

E Facility failed to have ground fault current interrupters (GFCI) electrical outlets installed at outdoor locations.

D Facility failed to maintain electrical wiring equipment.

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

Facility failed to conduct tornado, flood and earthquake drills for all staff and all shifts.

### **N645 Nursing Services**

Facility failed to ensure biologicals were safely stored as evidenced by a bottle of rubbing alcohol sitting on the over bed table in a patient room. This was a type C pending penalty.

Facility failed to ensure housekeeping provided services to maintain a sanitary, orderly and comfortable environment as evidenced by pervasive odors in five patient rooms. This was a type C pending penalty.

## **N727 Pharmaceutical Services**

Facility failed to ensure medications and biologicals were stored safely and securely in two medication storage areas.

Facility failed to ensure discontinued medications were disposed of properly for one medication cart and failed to ensure food was not stored in the medication refrigerator. This was a type C pending penalty.

Facility failed to ensure medications were stored properly as evidenced by unsecured medication, medications and food stored in the same refrigerator, supplies stored past their expiration dates and medication stored with other supplies. This was a type C pending penalty.

## **N765 Food and Dietetic Services; Freezer Temperature**

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Facility failed to maintain kitchen sanitation as evidenced by three individual butter containers and dust on the floor under the fryer; splattered grease on the floor; and a dark brown grease inside the fryer. This was a type C pending penalty.

Facility failed to ensure food was served under sanitary conditions as evidenced by one staff member failing to perform proper hand hygiene during a meal service. This was a type C pending penalty.

Facility failed to ensure food was prepared and distributed under sanitary conditions as evidenced by a family member entering the kitchen during the noon meal and did not wear a hair covering. This was a type C pending penalty.

**N831 Building Standards**

Facility failed to maintain the condition of the building in such a manor to ensure the safety and well-being of the staff and patients.

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

Facility failed to obtain written approval from the Tennessee Department of Health for the installation of a new generator set.

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

Facility failed to maintain negative air pressure in a soiled area.

Facility failed to have positive air pressure in clean areas.

**N901 New Code Compliance**

Facility failed to comply with the building and fire safety regulations.