Survey Deficiency Summary

39 Facilities Surveyed **Surveys Taken 9/4/2014 - 12/3/2014**

F156 Periodic notification of items/services for which resident may/may not be charged.

E Facility failed to provide the appropriate liability and appeal notice to two patients.

D Facility failed to provide the appropriate liability and appeal notice for one patient.

D Facility failed to issue a notice of medicare provider non-coverage for two patients.

C Facility failed to provide the appropriate liability and appeal notice to three patients.

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

K Facility failed to notify the physician of the failure to follow an order for a BIPAP/CPAP (Bilevel Positive Airway Pressure/Continuous Positive Airway Pressure) for one patient. Facility failed to notify the physician the BIPAP was not administered as ordered for one patient and failed to obtain BIPAP/CPAP physician orders for four patients utilizing the devices. This failure resulted in the hospitalization and intubation of one of these patients for respiratory failure. This failure resulted in immediate jeopardy for all patients with BIPAP/CPAP needs.

D Facility failed to ensure the responsible party was notified of behaviors and change in status for one patient.

D Facility failed to notify the physician and the family of falls for two patients.

F160 Conveyance of funds upon death.

D Facility failed to refund to the deceased patient's estate the balance of the patient's account within 30 days.

D Facility failed to refund to the deceased patient's estate the balance of the patient's account within 30 days for one patient.

F164 Right to privacy & confidentiality.

D Facility failed to provide privacy for patients when a nurse's personal note pad with patient names, room numbers and patients' vital signs was left on top of one medication cart.

D Facility failed to ensure staff maintained patient privacy when one staff member discussed the status of one patient in the public dining room.

D Facility failed to ensure privacy was maintained for one patient. The window blinds had two missing panels in one patient room.

D Facility failed to ensure privacy was provided for a patient when one nurse failed to cover the medication administration record (MAR) leaving a patient's information in plain view to anyone that passed by.

D Facility nurse failed to maintain a full visual privacy for the patient during insulin administration.

D Facility failed to ensure privacy was maintained for two patients.

F203 Notice before transfer or discharge.

D Facility failed to provide a written 30 day notice of a discharge to one patient.

F221 Right to be free from physical restraints.

D Facility failed to complete assessments or reassessments for restraint usage for two patients.

D Facility failed to ensure one patient was free from the use of physical restraint.

F225 Facility must not hire person with abuse history.

D Facility failed to thoroughly investigate an allegation of misappropriation of patient property for one patient reviewed for abuse and misappropriation.

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

E Facility failed to maintain and enhance patient dignity when four staff members referred to patients as "feeders" during the breakfast meal.

E Facility failed to treat patients with dignity and respect when a patients was referred to as a "feeder" during meal service.

D Facility staff failed to promote dignity and respect when the CNAs referred to patients as "feeders."

D Facility failed to promote dignity of the patients when two staff members referred to patients requiring assistance with dining as "feeders."

D Facility failed to promote care for a patient in a manner that maintained or enhanced patients dignity and respect as evidenced by one staff member using a hospital gown as a clothing protector and referred to the patient as a "tube feeder."

D Facility failed to ensure the height of the table was appropriate to enhance the dignity of one patient eating in one dining room.

D Facility staff failed to promote dignity and respect when a CNA referred to patients as "feeders" during meal service. The staff also stood while feeding patients.

D Facility failed to maintain the dignity of one patient.

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

D Facility failed to notify one patient prior to a roommate change.

F253 Housekeeping & maintenance services.

F Facility failed to ensure housekeeping and maintenance services maintained a clean, sanitary, orderly and comfortable environment as evidenced by peeling baseboards, scuffed walls, odors, loose caulking around commodes, missing floor tiles, cobwebs in windows and under air-conditioner units missing. There was also missing ceiling plaster and sticky floors.

- E Facility failed to ensure housekeeping and maintenance services maintained a clean, sanitary, orderly, and comfortable environment in patients' rooms as evidenced by urine odors, dirty grout and dirty build-up around commode base, stained tile, peeling paint, food particles, debris and gloves on the floor, sticky floors, broken vents, and dust build-up on air conditioner vents on two halls. There was also standing water on the floor in the laundry room.
- E Facility failed to clean feeding pumps in seven patient rooms and failed to clean one shower gurney used for patient showers.
- D Facility failed to provide housekeeping services to maintain a sanitary, orderly and comfortable environment that was free of odors in one room.
- D Facility failed to maintain a sanitary and comfortable environment as evidenced by strong offensive lingering odors in three patient rooms.

F272 Comprehensive assessment.

- K Facility failed to assess per facility policy for four patients requiring BIPAP/CPAP. This failure resulted in immediate jeopardy.
- D Facility failed to ensure the quarterly MDS assessment was accurate for a pressure ulcer.
- D Facility failed to document the use of a physical restraint on the MDS assessment for one patient.

F274 Assessment after a significant change in resident's health status.

- D Facility failed to complete a significant change MDS assessment for one patient.

F276 Review of resident assessments quarterly.

- D Facility failed to ensure the patients' assessment was updated on a quarterly basis for two patients.

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

- E Facility failed to accurately assess patients for anti-depressants, falls, urinary incontincence, PEG tube and/or hospice for five patients.
- E Facility failed to accurately assess patients for pain, range of motion limitation, physician's weight loss program and/or dialysis for five patients.
- D Facility failed to ensure the MDS accurately assessed falls for one patient.
- D Facility failed to ensure MDS assessments were complete and accurate related to the use of anti-anxiety medication one patient.
- D Facility failed to ensure the MDS assessments were complete and accurate related to the use of antipsychotic medication for one patient.
- D Facility failed to accurately assess falls for one patient.
- D Facility failed to accurately code the MDS for hydration and/or falls for three patients.

D Facility failed to accurately complete the MDS for one patient.

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

E Facility failed to develop a plan of care with measurable goals and interventions to address the care and treatment of anti-depressant medications, urinary incontinence, palliative care and/or hospice.

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

K Facility failed to revise the care plan concerning the use of a BIPAP/CPAP. This failure resulted in immediate jeopardy.

D Facility failed to ensure interventions were in place for emergency bleeding and/or falls for three patients.

D Facility failed to revise a care plan for the use of thrombo embolitic devices (TED) hose and the development of deep tissue injury (DTI) for one patient.

D Facility failed to revise the plans of care for a nutritional supplement or incontinence for two and failed to provide documentation of care planning conferences for two patients.

D Facility failed to update and revise a care plan related to urinary incontinence for two patients.

D Facility failed to revise the care plan to reflect the current status of patients related to emergency bleeding of a dialysis graft or fall mats for two patients.

D Facility failed to update a care plan for a fall in a timely manner for one patient.

D Facility failed to update the care plan with new interventions after falls for two patients.

D Facility failed to revise the care plan related to transfer, fall interventions and/or weight loss for three patients.

D Facility failed to revise the care plan to reflect the current status for falls for one patient.

D Facility failed to ensure a care plan was current related to a pressure ulcer for one patient.

F281 Services must meet professional standards of quality.

K Facility failed to follow the facility policy for BIPAP/CPAP for seven patients. This failure resulted in immediate jeopardy.

F282 Services must be provided by qualified persons.

G Facility failed to ensure care plan interventions were in place and implemented to prevent falls and injury to one patient. This failure resulted in actual harm to a patient who sustained a fractured nose that required surgery and lacerations requiring stitches.

E Facility failed to ensure care plan interventions were followed for pressure ulcers, activities of daily living (ADLs), vision, falls and/or nutrition for four patients.

E Facility failed to follow care plan interventions for monitoring behaviors and use of bed and chair alarms. Facility failed to communicate with the dialysis center and monitor intake and output for a dialysis patient.

- D Facility failed to adequately implement the plan of care for psychotropic medications for one patient.
- D Facility failed to ensure care plan interventions were followed for monitoring behaviors for one patient.
- D Facility failed to follow care plan interventions for fall prevention for two patients.

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

- K Facility failed to follow the physician order for the BIPAP/CPAP and failed to administer the BIPAP/CPAP as ordered. Facility failed to obtain orders for BIPAP/CPAP for four patients. These failures placed the patients in immediate jeopardy.
- E Facility failed to ensure physician's orders were followed for medication administration and/or treatments of wounds for nine patients.
- D Facility failed to obtain physician's orders related to hospice care and failed to obtain a contract with the dialysis clinic for two patients.
- D Facility failed to initiate a bowel protocol as ordered by the physician for one patient.

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

- D Facility failed to provide assistance with meals for one patient that required extensive assistance with ADLs.

F313 Proper treatment & devices to maintain vision and hearing abilities.

- D Facility failed to ensure proper treatment and assistive devices were obtained to maintain visual ability for one.

F314 Resident does not develop pressure sores.

- D Facility failed to ensure assessments were accurate for one patient reviewed with pressure ulcers.
- D Facility failed to ensure prevention measures were followed for pressure ulcers for one patient.
- D Facility failed to ensure assessments were done for one patient with a pressure ulcer.
- D Facility failed to ensure a weekly skin assessment was completed for one patient.

F315 Incontinent resident receives appropriate treatment and services.

- E Facility failed to obtain an order or diagnosis for a urinary catheter and/or failed to ensure urinary catheters were maintained in a manner to prevent the spread of infection when the Foley tubing was touching the floor.
- E Facility failed to ensure the bladder function assessment was accurate and failed to ensure urinary catheters were maintained in a manner to prevent the potential spread of infection when the Foley catheter tubing was touching the floor.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained during perineal care for two patients with urinary tract infections (UTI).

- D Facility failed to ensure the Foley catheter tubing was protected from sources of contamination for one patient.
- D Facility failed to provide services to restore bladder function and to medically justify the use of a urinary catheter for one patient.

F318 Range of motion.

- D Facility failed to provide splints for one patient with limitations with range of motion (ROM).

F323 Accident hazards.

- J Facility failed to supervise, provide a safe environment, and follow the facility's elopement policy for one patient. This placed the patient in immediate jeopardy.
- G Facility failed to ensure interventions were in place to prevent falls and injury to one patient with falls. This failure to implement care plans placed the patient in actual harm.
- D Facility failed to identify and implement new interventions to prevent accidents/falls for one patient.
- D Facility failed to implement the interventions to prevent falls for one patient and failed to secure razors in two shower rooms.
- D Facility failed to complete neuro checks and follow up monitoring each shift for 72 hours after one patient had an unwitnessed fall.
- D Facility failed to ensure an environment free of accident hazards as evidenced by unsecured razors found in one common shower room.
- D Facility failed to ensure the patient environment was free from chemicals and harmful substances in one patient rooms and one shower room.
- D Facility failed to provide bed and chair alarms as ordered to prevent potential accidents for one patient reviewed for falls and failed to ensure the patient environment remained free from accident hazards by storing nutritional supplements and drinks with chemicals in one medication storage area.
- D Facility failed to complete falls investigations and develop new interventions for falls.
- D Facility failed to ensure the patient's environment remained as free from accident hazards as possible as evidenced by razors, nail clippers and used syringes accessible in on spa room.
- D Facility failed to follow the policy for fall preventions related to the shooting star program and failed to follow interventions for fall prevention for three patients.
- D Facility failed to ensure interventions were put in place after each fall and failed to ensure alarms were in place and functioning to prevent accidents.
- D Facility failed to provide supervision for one patient reviewed for accidents.

F325 Facility must ensure acceptable parameters of nutritional status.

- D Facility failed to implement new interventions for weight loss for one patient.
- D Facility failed to implement interventions for a significant weight loss for one patient.

D Facility failed to follow physician orders for a significant weight loss for one patient with nutritional issues.

F328 Proper treatment & care for specialized services.

K Facility failed to ensure patients requiring special services were provided the BIPAP/CPAP respiratory treatment as ordered by the physician. This placed the patients in immediate jeopardy.

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

D Facility failed to ensure there was monitoring of Depakote medication by not following the physician's order to obtain a lab as ordered for one patient.

D Facility failed to ensure a medication was discontinued as ordered by the physician resulting in duplicated therapy for one patient.

D Facility failed to monitor behaviors for one patient reviewed for unnecessary medication use.

D Facility failed to ensure there was an appropriate diagnosis and/or clinical indication for the use of an anticonvulsant medication and failed to provide behavior monitoring of psychotropic medications for three patients.

D Facility failed to administer medication at the ordered dose, failed to monitor the patient's heart rate before administering blood pressure and heart medications and/or failed to follow up on the pharmacy recommendations for a gradual dose reduction.

D Facility failed to provide a medical diagnosis for the use of an antipsychotic medication for one patient.

F332 Facility medication error rates of 5% or more.

E Facility failed to ensure three nurses administered medications with a medication error rate of less than 5 percent. The error rate was 14.8 percent.

E Facility failed to ensure two nurses administered medications with a medication error rate of less than 5 percent. The error rate was 20 percent.

E Facility failed to ensure two nurses administered medications with a medication error rate of less than 5 percent. The error rate was 13.79 percent.

E Facility failed to ensure two medication nurses administered medications with a medication error rate of less than 5 percent. The error rate was 11 percent.

D Facility failed to administer three medications without error resulting in a 10 percent medication error rate.

F333 Residents free of significant medication errors.

D Facility failed to ensure one nurse administered medications free of significant medication errors. The nurse failed to obtain an apical heart rate prior to administering Metoprolol for one patient.

D Facility failed to ensure on nurse administered medications without a significant medication error. Insulin was administered improperly.

- D Facility failed to ensure one medication nurse administered medications free of significant medication errors. Insulin was administered to the patient outside the proper timeframes related to food.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to protect food from sources of contamination such as dirt, grease build-up on equipment and hair not fully covered.
- F Facility failed to ensure food was prepared and served under sanitary conditions when six dietary staff members failed to use hand hygiene, completely cover hair with hair covering and/or touched food with bare hands.
- F Facility failed to maintain a sanitary kitchen by not properly cleaning kitchen equipment and storing, dating, and labeling prepared food.
- E Facility failed to ensure foods were stored and served under sanitary conditions as evidenced by food not dated or labeled and kitchen staff without proper hair covering.
- E Facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by wet nesting, carbon build-up and hair not completely covered during three days of the survey.
- E Facility failed to ensure food was prepared and distributed under sanitary conditions as evidenced by carbon build-up on pots and pans, dirty kitchen over and deep fat fryer. The facility failed to protect food from sources of contamination as evidenced by one staff member touching the refrigerator and cabinet door then handled tools without using proper hand hygiene.
- E Facility staff failed to maintain infection-control practices to prevent the possibility of cross-contamination by failing to perform hand washing while serving meal trays. The facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by improper temperature in the refrigerator/freezer, dirty microwave, dirty ice machine, and expired food in the nourishment room.
- D Facility staff failed to perform hand hygiene during dining and the facility failed to ensure proper storage of food in one nourishment refrigerator.
- D Facility failed to provide sanitary food preparation and storage conditions as evidenced by foods stored unlabeled, undated and past their expiration dates; cases of dry foods and food supplies stored on the floor in the dry storage room; and carbon build-up on pans on one day of the survey.
- D Facility failed to ensure staff prepared and served food in a sanitary manner. One CNA touched a patient's food with bare hands.
- D Facility failed to ensure sanitary conditions were followed during the serving of a meal for 12 patients.
- D Facility failed to ensure food was stored under sanitary conditions as evidenced by one staff member failing to practice proper hand hygiene while assisting with meals.
- D Facility staff members failed to ensure practices to prevent the potential spread of infection and cross contamination were maintained during dining when the staff failed to cover their mouth when coughing and failed to perform hand hygiene.

F372 Disposes of garbage & refuse.

- D Facility failed to ensure proper garbage disposal as evidenced by garbage and boxes on the ground around the outside storage receptacle.

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

- D Facility pharmaceutical provider failed to ensure a prescribed medication had an expiration date on the bottle stored in one medication storage areas.

F431 Labeling of drugs & biologicals.

- F Facility failed to ensure that all medications, biologicals, syringes and needles had not been retained longer than recommended by the manufacturer.
- E Facility failed to ensure medications and biologicals were stored properly in one of two medication rooms. Internal medications and external medications were stored on the same shelf.
- D Facility failed to ensure one nurse did not leave medication unattended and out of her view; medications were not stored past their expiration date; and medications were dated when opened in three medication storage areas.
- D Facility failed to ensure medications were not stored past their expiration dates in two medication storage rooms.
- D Facility failed to secure medications as evidenced by one nurse left medications unattended and out of her view and medications were stored unsecured. Internal and external medications were stored together.
- D Facility failed to ensure medications were stored safely and secured in one medication storage area.
- D Facility failed to ensure medications were not stored past the expiration date in three hall medication carts.
- D Facility failed to ensure medications and chemicals were stored separately in one medication cart. Sani-cloth germicidal wipes were stored in the same compartment with liquid medications.
- D Facility failed to ensure a medication was stored in a package or container in three medication storage areas and a box of a nutritional supplement was stored off the floor in one central supply room.
- D Facility failed to ensure all medications were stored properly. An IV preparation was expired and was still in the medication room.
- D Facility failed to ensure medications were not stored past their expiration date in one medication storage area.
- D Facility failed to ensure medications were not stored past the expiration date in one medication storage area.
- D Facility failed to ensure medications were not stored past their expiration date in one medication storage room.

F441 Investigates, controls/prevents infections.

- E Facility failed to establish and maintain an infection-control program that provided a safe, sanitary and comfortable environment for the patients as evidenced by the facility not trending infections for two months. Two nurses failed to prevent the potential spread of infection during medication pass, and the facility failed to maintain a clean environment in the laundry room.
- E Facility staff failed to maintain infection-control practices to prevent the possibility of cross-contamination by failing to perform hand hygiene while serving meal trays.
- E Facility failed to ensure three nurses maintained infection-control practices to prevent the possibility of cross-contamination during medication administration by not washing hands and not cleansing the patient's skin prior to applying a topical medication patch.
- E Facility failed to implement interventions to address the tracking and trending urinary tract infection (UTI) results.
- E Facility failed to establish and maintain an effective infection-control program as evidenced by the facility not properly tracking and trending infections for three months.
- E Facility nurses failed to ensure infection-control practices were followed for hand hygiene, one nurse disposed of sharps into a patient trash can, and one nurse failed to disinfect a stethoscope before or after use.
- D Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when one nurse failed to clean the stethoscope prior to patient contact during the medication pass.
- D Facility failed to ensure one nurse administered medications using proper hand hygiene. The nurse also failed to clean contaminated scissors.
- D Facility failed to ensure medical supplies and nutritional supplements were stored properly in one emergency supply room, failed to ensure two lifts were clean and three CNAs failed to perform hand hygiene.
- D Facility failed to ensure practices to prevent the potential spread of infection were performed by failure to maintain contact isolation precautions as evidenced by no signage on the door indicating the patient was in isolation for two patients. Facility staff members failed to perform hand hygiene during dining observations.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained by two staff members during meal preparation in the kitchen and a linen cart contained linen not stored in a sanitary manner. Facility failed to ensure the environment in the laundry room was clean and sanitary.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained when one nurse observed performing an accucheck failed to disinfect the glucometer after use.
- D Facility staff member failed to perform hand washing while assisting with meals.

- D Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when one nurse failed to disinfect the glucometer after use. Also a nebulizer mask was left uncovered and unlabeled and oxygen tubing was laying on the floor for one patient. Foley catheter tubing was laying on the floor, and two staff members failed to cover their mouth when coughing and failed to perform hand hygiene during dining.
- D Facility failed to follow hand hygiene for three patients.

F456 Sufficient space & equipment maintenance.

- D Facility failed to ensure necessary kitchen equipment was maintained in proper working order for one freezer. There was ice build-up on the inside of the freezer.

F465 Facility must provide a safe, functional, sanitary, & comfortable environment for residents, staff and the public

- F Facility failed to provide a safe, functional, sanitary and comfortable environment for patients, staff and the public as evidenced by dirty floors, scuffed and dirty baseboards, dirty air vents, chipped paint, wall carpet dirty and stained, scuffed and dirty doors, loose baseboards, stained walls and the presence of cob webs in multiple areas of the building.
- D Facility failed to provide a safe and sanitary environment for patients and staff as evidenced by floor stains, peeling paint and missing and broken tiles at the base of the walls in one shower room. There were also urine odors on one wing and peeling plaster in one medication room.
- D Facility failed to maintain a sanitary environment free of offensive odors as evidenced by lingering offensive odors on one hall.
- D Facility failed to ensure one spa room was maintained in a sanitary manner as evidence by an offensive odor, wrapped and unwrapped straws laying on the seat of the shower chair, a brownish yellow substance under the seat of the shower chair, and a potty chair seat had wet and dried yellow spots on it.

F490 Administration.

- K Facility failed to notify the physician of the failure to follow an order for a BIPAP/CPAP (Bilevel Positive Airway Pressure/Continuous Positive Airway Pressure) for one patient. Facility failed to notify the physician the BIPAP was not administered as ordered for one patient and failed to obtain BIPAP/CPAP physician orders for four patients utilizing the devices. Facility failed to ensure staff was qualified to administer BIPBP/CPAP therapy. This failure resulted in the hospitalization and intubation of one of these patients for respiratory failure. This failure resulted in immediate jeopardy for all patients with BIPAP/CPAP needs.

F497 Regular in-service education.

- F Facility failed to ensure 20 CNAs employed the entire year, received at least 12 hours of in-service training for the year.
- E Facility failed to ensure CNAs received at least 12 hours of in-service training for five CNAs.

F502 Provide or obtain clinical laboratory services.

D Facility failed to obtain a valporic acid level as ordered for one patient.

D Facility failed to obtain laboratory tests as ordered by the physician for two patients.

F505 Promptly notify physician of findings of lab results.

D Facility failed to notify the physician of an abnormal valporic acid lab result for one patient to evaluate for unnecessary medication use.

D Facility failed to ensure the physician was promptly notified of abnormal laboratory results for one patient.

F508 Provide/obtain radiology & other diagnostic services.

D Facility failed to ensure radiology services were provided to meet the needs of patients in a timely manner.

F514 Criteria for clinical records.

K Facility failed to maintain complete and accurate medical records for two patients who used BIPAP/CPAP machines.

D Facility failed to ensure the medical record was accurately documented for administration of supplements, pain medications and monitoring of an anticonvulsant medication for three patients.

D Facility failed to have accurate medical records related to wounds for one patient.

D Facility failed to ensure the medical record was complete and accurately documented diagnosis or behaviors for three patients.

D Facility failed to ensure the medical record was accurate for Lantus insulin for one patient.

D Facility failed to complete a discharged medical record for one patient.

D Facility failed to maintain a complete and accurate clinical record for one patient.

F517 Emergency/disaster plans.

E Facility failed to ensure emergency food supplies were on hand at all times, as evidenced by insufficient amount of food in the emergency supply.

F520 Quality assessment & assurance.

K Facility failed maintain an effective quality assurance program which identified and addressed the failure of the facility related to ensuring compliance with the use of BIPAP/CPAP machines. Facility failed to notify the physician of the failure to follow an order for a BIPAP/CPAP (Bilevel Positive Airway Pressure/Continuous Positive Airway Pressure) for one patient. Facility failed to notify the physician the BIPAP was not administered as ordered for one patient and failed to obtain BIPAP/CPAP physician orders for four patients utilizing the devices. Facility failed to ensure staff was qualified to administer BIPBP/CPAP therapy. This failure resulted in the hospitalization and intubation of one of these patients for respiratory failure. This failure resulted in immediate jeopardy for all patients with BIPAP/CPAP needs.

D Facility failed to provide evidence of a physician's active participation in the facility's quality assurance (QA) process.

K018 Construction of Doors

F Facility failed to prevent the blocking of corridor doors in the open position for multiple rooms.

E Facility failed to maintain all components of rated doors. Some of the doors would not close to a positive latch.

E Facility failed to maintain the doors protecting the corridors.

D Facility failed to maintain doors to close tightly in their frames.

D Facility failed to ensure all doors would close and latch. There was a chair positioned in the dietary office so that the door would not close.

K021 Automatic Closing Doors

E Facility failed to maintain the stairway fire doors. The door was sticking to the frame.

E Facility failed to ensure corridor fire doors closed to a positive latch.

K022 Enclosure Doors Serving Exits

F Facility failed to maintain the three exit signs located in the courtyard.

D Facility failed to maintain exit lights.

K025 Smoke Partition Construction

E Facility failed to maintain the smoke/fire barriers. There were penetrations in the fire wall.

E Facility failed to maintain the smoke and fire barriers. There were penetrations in the fire wall.

E Facility failed to ensure corridor fire doors will close to a positive latch.

E Facility failed to ensure smoke walls were capable to resist the passage of smoke.

D Facility failed to maintain the smoke barrier where required.

K027 Doors In Smoke Barriers

D Facility failed to maintain the conference room fire door. The door would not close to a postive latch.

K029 Hazardous Areas Separated By Construction

E Facility failed to protect all hazardous areas. There were unsealed penetrations in the fire wall.

E Facility failed to ensure hazardous area's one-hour-fire-rated door is maintained.

D Facility failed to maintain smoke resistant partitions in hazardous areas. The door to the activity room was propped open.

D Facility failed to have self-closing doors in hazardous areas.

D Facility failed to have self-closing doors in hazardous areas.

D Facility failed to maintain one hour fire floor/ceiling in hazardous areas.

K038 Exit Accessible At All Times

F Facility failed to maintain the exit access. The 15 second delay egress signs were faded at one corridor door.

F Facility failed to have doors in the means of egress readily accessible at all times.

D Facility failed to maintain the exits. It took more than 15 pounds of pressure to open one of the doors.

K043 Keyless Egress

E Facility installed slide bolt locks on seven patient bathroom doors which is not permitted.

K045 Exit Lighting

E Facility failed to install emergency lighting from the exit discharge to a public way.

K050 Fire Drills

F Facility failed to familiarize staff on fire drill procedures.

E Facility failed to conduct fire drills on all shifts for each quarter of the year.

D Facility failed to conduct all fire drills.

D Facility staff failed to perform their assigned duties according to the policies and procedures during the fire drill.

K051 Fire Alarm System

- F Facility failed to provide testing for all fire alarm system components. There was no documentation for heat detectors, duct detectors, dialer component, and secondary power sources.
- D Facility failed to ensure the notification alarms were being maintained.

K052 Testing of Fire Alarm

- F Facility failed to maintain the fire alarm system. When the phone lines were disconnected, there were no audible trouble signals at the main fire alarm panel.
- F Facility failed to maintain the fire alarm system. Two of the audible units were not working.
- F Facility failed to maintain, inspect and test the fire alarm system.
- E Facility failed to maintain the fire alarm system. When the phone lines were disconnected from the dialer panel, there were no audible or visual trouble signals at the main nurses' station annunciator panel.
- D Facility failed to ensure the fire alarm system was inspected annually as required.
- D Facility failed to ensure that smoke detectors had the required clearance from the air supply diffusers.
- D Facility fire-alarm system is not being maintained as evidenced by a trouble light that had been on for at least six months and had not been fixed.

K054 Smoke Detector Maintenance

- E Facility failed to ensure the smoke detectors were installed at least three feet from the air supply registers, air returns and exhaust fans.

K061 Automatic Sprinkler - Main Control Valve

- F Facility failed to supervise two control values located in the sprinkler system.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to maintain all sprinkler heads. There was a build-up of lint on some of the sprinkler heads.
- F Facility failed to maintain the sprinkler system. Several sprinkler heads were covered with dust and lint.
- F Facility failed to maintain and test a complete automatic sprinkler system. The sprinkler system had not been inspected quarterly as required.
- F Facility failed to maintain the automatic sprinkler system.
- F Facility failed to ensure the sprinkler system was maintained. There were three different types of sprinkler heads in the building.
- E Facility failed to maintain the sprinkler system. Several sprinkler heads had an accumulation of dust and one sprinkler head had been painted.

- E Facility failed to maintain the sprinkler system. Some of the sprinkler heads were corroded and some were damaged.
- E Facility failed to maintain at least six spare sprinkler heads in three greenhouse homes.
- E Facility failed to maintain the automatic sprinkler system in reliable operating condition.
- D Facility failed to maintain the sprinkler system.
- D Facility failed to provide escutcheons on one shower head assembly.
- D Facility failed to maintain all fire-sprinkler components. There were some sprinkler heads that were corroded.
- D Facility failed to maintain clearance around all sprinkler heads.
- D Facility failed to maintain and test a complete automatic sprinkler system.
- D Facility failed to conduct all required maintenance and testing on the automatic sprinkler system.
- D Facility failed to maintain the automatic sprinkler system in reliable operating condition.

K064 Portable Fire Extinguishers

- E Facility failed to inspect and document the inspection report for six fire extinguishers.
- E Facility failed to perform maintenance on six fire extinguishers every six years as required.
- E Facility failed to maintain 20 portable fire extinguishers. The six-year maintenance procedure was not performed.
- D Facility failed to ensure all fire extinguishers were inspected monthly.
- D Facility failed to inspect one fire extinguisher.
- D Facility failed to ensure monthly inspections of the fire extinguisher had been documented.

K066 Smoking Regulations

- E Facility failed to provide self-closing containers in the alley smoking area.
- E Facility failed to comply with the required adopted smoking regulations.
- D Facility failed to provide a metal container with a self-closing lid.
- D Facility failed to maintain a metal container with a self-closing lid in the smoking area.
- D Facility failed to provide metal containers with self-closing lids in the designated smoking area.
- D Facility failed to provide a metal container with a self-closing lid to smoking areas.

K067 Ventilating Equipment

- F Facility failed to maintain all fused link fire dampers.
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- F Facility failed to provide inspection and maintenance for fire dampers every four years as required.
- F Facility failed to maintain all fused link fire dampers.
- F Facility failed to test and install fire dampers in rated fire assemblies.
- E Facility failed to maintain the heating, ventilating and air conditioning (HVAC) systems. There were vent fans that were not working.
- E Facility failed to maintain the ventilating system in the patient bathrooms.
- D Facility failed to maintain all fused link fire dampers. They had not been inspected every four years as required.

K069 Commercial Cooking Equip. Meets Requirements

- F Facility failed to protect the cooking facilities. The K-type fire extinguisher pressure gauge indicator was not in operable condition.
- F Facility failed to protect the cooking facilities.
- F Facility failed to conduct inspections of the kitchen suppression system every six months.
- E Facility failed to maintain the kitchen's hood fire suppression systems.
- E Facility failed to maintain the kitchen up-blast fan in a safe manner for maintenance and grease collection.
- E Facility failed to maintain the kitchen hood suppression system in a safe operating manner.
- D Facility failed to maintain kitchen equipment under the exhaust hood.

K070 Space Heaters

- D Facility failed to prohibit the use of portable space heaters.
- D Facility failed to ensure a space heater did not exceed 212 degrees Fahrenheit (F).

K071 Linen And Trash Chutes

- D Facility failed to maintain the trash and soiled linen chutes.

K072 Furnishings and Decorations

- D Facility failed to maintain the exit discharge to the public way.
- D Facility failed to have the means of egress free and unobstructed.
- D Facility failed to maintain a clear path from the exit discharge to the public way from the dining room.

K076 Nonflammable Medical Gas Systems

- D Facility failed to have oxygen storage free of combustibles.
- D Facility failed to provide five feet of clearance of oxygen storage from combustibles.

K104 Penetration of Smoke Barriers

- F Facility failed to provide four-year inspection and testing of fire dampers.
- E Facility failed to provide four year inspection and testing of fire dampers.
- D Facility failed to maintain the smoke and fire compartments. There were penetrations in the fire wall.
- D Facility failed to provide four year inspection and testing of fire dampers.

K130 Other LSC Deficiency Not On 2786

- F Facility failed to install two smoke detectors with three feet of clearance to an air duct supply.
- F Facility failed to provide outside exhaust for all patient bathrooms. Facility failed to ensure smoke detectors were installed at least three feet from an air duct supply.
- F Facility failed to record weekly run test on the fire pump.
- E Facility failed to maintain the fire barriers. There was mixed fire caulking used in some areas.
- E Facility failed to conduct the required health care emergency preparedness drills.
- E Facility failed to conduct the required health care emergency preparedness drills.
- E Facility failed to ensure compressed gas cylinders be properly secured.
- D Facility failed to maintain electrical equipment. There were unlabeled panels and some panels had equipment stored in front of it.
- D Facility failed to comply with the Life Safety Code. There were penetrations in the fire wall.
- D Facility failed to install three smoke detectors with three feet of clearance to an air duct.
- D Facility failed to a provide a baffle plate between the fryer and the stove.
- D Facility failed to provide a class A or B fire extinguisher in the dietary area as required.
- D Facility failed to maintain fire rated walls.
- D Facility failed to train all staff in life safety procedures.
- D Facility failed to ensure the two hour fire door operability is maintained.

K144 Generators

- F Facility failed to inspect and maintain the emergency generators.
- E Facility failed to inspect the emergency power supply batteries.

K147 Electrical Wiring and Equipment

- E Facility failed to maintain the electrical equipment.

- E Facility failed to maintain the electrical system. The facility did not conduct the required annual retention force test of the grounding blade of each electrical receptacle located in the patient care areas.
- E Facility failed to maintain the electrical system. There were oxygen concentrators plugged into power strips.
- E Facility failed to prohibit the use of plug adaptors and extension cords in the facility and failed to maintain all electrical equipment.
- E Facility failed to prevent the use of power strips as a substitute for fixed wiring to provide power for medical equipment.
- D Facility failed to provide a task light inside the electrical transfer switch room.
- D Facility failed to maintain all electrical receptacles. There were several that would not work.
- D Facility failed to maintain all electrical receptacles. The GFCI in the kitchen failed to work in testing.
- D Facility failed to install ground fault circuit interrupter (GFCI) receptacles for water contained medical equipment.
- D Facility failed to prohibit the use of extension cords.
- C Facility failed to maintain the electrical system. There were several GFCI receptacles that were not working.

K211 Alcohol Based Hand Rub Dispensers

- D Facility failed to properly install alcohol based hand rub dispensers. Some were installed close to an ignition source.

N1102 Records and Reports; Recording of Unusual Incidents

Facility failed to thoroughly investigate an allegation of misappropriation of patient property for one patient reviewed for abuse and misappropriation. This was a type C pending penalty.

N1216 Resident Rights

Facility failed to ensure the responsible party was notified of behaviors and change in status for one patient. This was a type C pending penalty.

Facility failed to ensure privacy was provided for a patient when one nurse failed to cover the medication administration record (MAR) leaving a patient's information in plain view to anyone who passed by. This was a type C pending penalty.

N1409 Disaster Preparedness; Physical Facility and Community Emergency Plans

Facility failed to evaluate all fire drills conducted. The facility was unable to provide evaluations for all the fire drills conducted.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct annual tornado, flood and earthquake drills.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to conduct annual bomb-threat drills.

N1535 Nurse Aide Training; Performance Reviews

Facility failed to ensure 20 CNAs employed the entire year, received at least 12 hours of in-service training for the year. This was a type C pending penalty.

N421 Administration; Verification of Personnel Licensure

Facility failed to notify the physician of the failure to follow an order for a BIPAP/CPAP (Bilevel Positive Airway Pressure/Continuous Positive Airway Pressure) for one patient. Facility failed to notify the physician the BIPAP was not administered as ordered for one patient and failed to obtain BIPAP/CPAP physician orders for four patients utilizing the devices. Facility failed to ensure staff was qualified to administer BIPBP/CPAP therapy. This failure resulted in the hospitalization and intubation of one of these patients for respiratory failure. This failure resulted in immediate jeopardy for all patients with BIPAP/CPAP needs.

N601 Performance Improvement Program

Facility failed to follow the physician order for the BIPAP/CPAP and failed to administer the BIPAP/CPAP as ordered. Facility failed to obtain orders for BIPAP/CPAP for four patients. These failures placed the patients in immediate jeopardy.

N629 Infection Control; Disinfect Contaminated Items

Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when one nurse failed to clean the stethoscope prior to patient contact during the medication pass. This was a type C pending penalty.

Facility failed to ensure one nurse administered medications using proper hand hygiene. The nurse also failed to clean contaminated scissors. This was a type C pending penalty.

Facility failed to ensure medical supplies and nutitional supplements were stored properly in one emergency supply room, failed to ensure two lifts were clean and three CNAs failed to perform hand hygiene. This was a type C pending penalty.

Facility failed to ensure that one nurse disinfected a stethoscope before and after use.

Facility failed to ensure practices to prevent the potential spread of infection were maintained when one nurse observed performing an accucheck failed to disinfect the glucometer after use.

Facility nurses failed to ensure infection-control practices were followed for hand hygiene, one nurse disposed of sharps into a patient trash can, and one nurse failed to disinfect a stethoscope before or after use. This was a type C pending penalty.

Facility failed to ensure one nurse disinfected a glucometer after use. This was a type C pending penalty.

N645 Nursing Services

Facility failed to secure medications as evidenced by one nurse left medications unattended and out of her view and medications were stored unsecured. Internal and external medications were stored together. This was a type C pending penalty.

Facility failed to provide a safe, functional, sanitary and comfortable environment for patients, staff and the public as evidenced by dirty floors, scuffed and dirty baseboards, dirty air vents, chipped paint, wall carpet dirty and stained, scuffed and dirty doors, loose baseboards, stained walls and the presence of cob webs in multiple areas of the building. This was a type C pending penalty.

Facility failed to ensure an enviroment free of accident hazards as evidenced by unsecured razors found in one common shower room. This was a type C pending penalty.

Facility failed to ensure chemicals and harmful substances were secured and out of reach from patients in one patient rooms and one shower room.

Facility failed to maintain a sanitary and comfortable environment as evidenced by strong offensive lingering odors in three patient rooms and one hallway.

Facility failed to ensure one spa room was maintained in a sanitary manner as evidence by an offensive odor, wrapped and unwrapped straws laying on the seat of the shower chair, a brownish yellow substance under the seat of the shower chair, and a potty chair seat had wet and dried yellow spots on it. This was a type C pending penalty.

N669 Nursing Services; Physician Notification

Facility failed to ensure there was monitoring of Depakote medication by not following the physician's order to obtain a lab as ordered for one patient. This was a type C pending penalty.

N689 Nursing Services; Physical Restraints

Facility failed to follow the physician order for the BIPAP/CPAP and failed to administer the BIPAP/CPAP as ordered. Facility failed to obtain orders for BIPAP/CPAP for four patients. These failures placed the patients in immediate jeopardy.

N727 Pharmaceutical Services

Facility failed to store internal and external medications apart. This was a type C pending penalty.

Facility failed to ensure medications were stored safely and secured in one medication storage area. This was a type C pending penalty.

Facility failed to ensure medications were not stored past the expiration date in three hall medication carts. This was a type C pending penalty.

Facility pharmaceutical provider failed to ensure a prescribed medication had an expiration date on the bottle stored in one medication storage areas. This was a type C pending penalty.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure medications were stored properly when one nurse left medication on a bedside table unattended and out of view. This was a type C pending penalty.

N729 Pharmaceutical Services

Facility failed to ensure medications and chemicals were stored separately in one medication cart. Sani-cloth germicidal wipes were stored in the same compartment with liquid medications.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure foods were stored and served under sanitary conditions as evidenced by food not dated or labeled and kitchen staff without proper hair covering. This was a type C pending penalty.

Facility failed to ensure food was prepared, stored and served under sanitary contitions as evidenced by wet nesting, carbon build-up and hair not completely covered during three days of the survey. This was a type C pending penalty.

Facility failed to ensure food was prepared and distributed under sanitary conditions as evidenced by carbon build-up on pots and pans, dirty kitchen oven and deep fat fryer. The facility failed to protect food from sources of contamination as evidenced by one staff member touching the refrigerator and cabinet door then handled tools without using proper hand hygiene. This was a type C pending penalty.

Facility staff failed to perform hand hygiene during dining and the facility failed to ensure proper storage of food in one nourishment refrigerator. This was a type C pending penalty.

Facility failed to ensure foods were stored and served under sanitary conditions as evidenced by food not dated or labeled and kitchen staff without proper hair covering. This was a type C pending penalty. This was a type C pending penalty.

Facility failed to provide sanitary food preparation and storage conditions as evidenced by foods stored unlabeled, undated and past their expiration dates; cases of dry foods and food supplies stored on the floor in the dry storage room; and carbon build-up on pans on one day of the survey. This was a type C pending penalty.

Facility staff failed to maintain infection-control practices to prevent the possibility of cross-contamination by failing to perform hand washing while serving meal trays and the facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by improper temperature in the refrigerator/freezer, dirty microwave, dirty ice machine and expired food in the nourishment room. This was a type C pending penalty.

Facility failed to ensure food was prepared and served under sanitary conditions when six dietary staff members failed to use hand hygiene, completely cover hair with hair covering and/or touched food with bare hands. This was a type C pending penalty.

Facility failed to ensure food was stored under sanitary conditions as evidenced by one staff member failing to practice proper hand hygiene while assisting with meals.

Facility staff members failed to ensure practices to prevent the potential spread of infection and cross contamination were maintained during dining when the staff failed to cover their mouth when coughing and failed to perform hand hygiene.

N831 Building Standards; Construction

Facility failed to maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the patients was assured. Some exhaust fans in the patient bathrooms were not working.

Facility failed to maintain all parts of the building. There were holes in the ceiling and some light fixtures did not have covers.

Facility failed to ensure the building was maintained to ensure patient safety.

N835 Building Standards; Approval of New Construction

Facility failed to received written approval from the Tennessee Department of Health to occupy an altered area of the facility.

N901 New Code Compliance

Facility failed to comply with licensure safety regulations. There was a missing escutcheon plate on a sprinkler head.

Facility failed to comply with the required applicable building and fire safety regulations. There was trash at the bottom of the elevator shaft.