

Survey Deficiency Summary

16 Facilities Surveyed

Surveys Taken 4/22/2015 - 5/28/2015

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.

F164 Right to privacy & confidentiality.

- D Facility failed to ensure privacy and confidentiality were maintained for one patient.

F225 Facility must not hire person with abuse history.

- D Facility failed to implement the abuse prevention policy and procedure to perform a complete and thorough investigation of an injury of unknown origin or report the incident to the state survey agency within five working days of the injury for one patient.

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

- E Facility failed to ensure four staff members promoted dignity during dining when the patients were referred to as "feeders".
- D Facility failed to maintain the patient's dignity during dining when one staff member stood while feeding a patient.
- D Facility failed to ensure two staff members provided care than enhanced each patient's dignity when staff referred to the patients as "feeders".
- D Facility failed to maintain the patient's dignity when a CNA referred to patients as "feeders" during the dining observation.

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

- D Facility failed to give advance notification of a new roommate to the patient.
- D Facility failed to notify a patient of a roommate change.

F253 Housekeeping & maintenance services.

- E Facility failed to provide effective maintenance and housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by dirty, stained and/or missing caulk around sinks and commode bases, dirty floors in patient rooms and bathrooms, holes in walls and doors of patient rooms and bathrooms, cove base pulled loose from walls, black marks on the walls, dead bugs in the commode, chipped nightstands, missing or broken knobs from cabinets in rooms and odors in 18 patient rooms and bathrooms.

- E Facility failed to provide effective housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by disrepair of air conditioner units, light fixtures and commodes. There was also trash and debris in patient rooms; dirt and scuff marks on the doors and floors; peeling paint; stains on floors and walls; rust on pipes, towel holders, light switches and call lights; cracked tiles and stains around the base of the commodes. There were also offensive odors in the facility.
- E Facility failed to provide an effective maintenance and housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by dirty, stained thresholds leading into bathrooms; dirty grout and dirty caulk around commode bases; brown substance on the bathroom wall; dirt and lint on the floor between air conditioner unit and box around unit; handrail in the bathroom with missing plate over screws and privacy curtain hanging off the track.
- E Facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment as evidenced by lingering odors, dusty ceiling vents, dirty buildup on the floors, and discolored grout in 11 patient rooms.
- D Facility failed to maintain a sanitary and comfortable environment that was free from lingering pervasive odors on one hall.

F272 Comprehensive assessment.

- D Facility failed to ensure the MDS was accurate for a terminal prognosis for one patient.
- D Facility failed to ensure the MDS assessment was accurate for wounds.

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

Facility failed to perform a significant change assessment for hospice services for one patient.

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

- D Facility failed to accurately assess a patient for falls.
- D Facility failed to ensure the MDS was accurate for falls for one patient.
- D Facility failed to accurately code the MDS for weight loss.
- D Facility failed to accurately assess behaviors for one patient.

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

- D Facility failed to ensure a comprehensive care plan was developed to address nutrition for one patient.

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

- D Facility failed to revise the care plan to reflect the patient's current status related to pressure ulcers for one patient.

- D Facility failed to revise the care plan to reflect the patient's current status related to depression.
- D Facility failed to revise the care plan to reflect the current status of patients related to emergency bleeding of a dialysis graft and fall mats for two patients.
- D Facility failed to revise the comprehensive care plan related to psychotropic medications for one patient.
- D Facility failed to ensure the care plan was updated for a suspected deep tissue injury for one patient.
- D Facility failed to ensure the care plan was revised to include a Foley catheter and Foley catheter care for one patient.
- D Facility failed to revise the care plan to reflect the patient's current status related to accidents for one patient.

F281 Services must meet professional standards of quality.

- D Facility failed to ensure one medication nurse performed acceptable standards of practice while administering medications via a PEG tube.

F282 Services must be provided by qualified persons.

- G Facility failed to ensure care plan interventions were followed for administering pain medication for two patients. This failure resulted in actual harm.
- E Facility failed to ensure care plan interventions were followed for psychoactive medications, dialysis/fluid restriction, pressure ulcers, ADLs and/or accidents for six patients.
- D Facility failed to ensure a care plan intervention for monitoring intake and output was followed for one patient.
- D Facility failed to follow the care plan interventions for falls for three patients.
- D Facility failed to follow the care plan interventions for falls for one patient.
- D Facility failed to follow the care plan related to tracheostomy care for one patient.
- D Facility failed to follow the care plan interventions for adverse effect and behavior monitoring for one patient.
- D Facility failed to implement care plan interventions related to behavior monitoring and nutrition for two patients.

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

- G Facility failed to ensure pain medications were administered as ordered by the physician for two patients. This failure resulted in actual harm to the patient.
- D Facility failed to obtain written physician's orders for monitoring blood glucose for one patient.
- D Facility failed to follow the dialysis contract, failed to maintain intake and output measurements, and failed to follow the physician's orders for fluid restriction for one patient.

- D Facility failed to provide appropriate care and services related to dialysis/fluid restriction for one patient.

F314 Resident does not develop pressure sores.

- D Facility failed to accurately assess a pressure ulcer for one patient.
- D Facility failed to provide care and services to promote healing and prevent the potential development of future pressure ulcers for one patient.
- D Facility failed to assess and begin treatment on a pressure ulcer according to the facility policy for one patient with a pressure ulcer.

F315 Incontinent resident receives appropriate treatment and services.

- D Facility failed to ensure urinary catheters were maintained in a manner to prevent the spread of infection when the Foley bag and tubing were touching the floor for one patient.

F318 Range of motion.

- E Facility failed to ensure measures were implemented to prevent further decrease in ROM for five patients.
- D Facility failed to provide range of motion (ROM) exercises or splint devices for one patient with contractures.

F319 Psychosocial adjustment difficulty.

- D Facility failed to provide consistent behavior monitoring for two patients with behavior symptoms.
- D Facility failed to ensure care and treatment for behaviors were followed for two patients.

F322 Tube feeding/prevention.

- D Facility failed to ensure medication nurses performed acceptable standards of practice while administering medication via PEG tube.

F323 Accident hazards.

- E Facility failed to ensure the environment was free from accident hazards as evidenced by unsecured razors in one unlocked shower room; protruding wires from under the air conditioning units and splintered furniture in 10 patient rooms. Facility failed to provide care and services to prevent accidents/falls for one patient.
- D Facility failed to ensure appropriate interventions were in place to prevent accidents/falls or failed to ensure interventions were implemented for three patients.
- D Facility failed to ensure the laundry area was free of accident hazards as evidenced by unsecured chemicals in one laundry room.
- D Facility failed to thoroughly investigate falls for one patient.

F325 Facility must ensure acceptable parameters of nutritional status.

- D Facility failed to accurately monitor weights and re-weights for two patients.
- D Facility failed to follow up on recommendations made by the dietician for one patient.
- D Facility failed to follow the physician's order for restorative dining for one patient.
- D Facility failed to assess the nutritional status of one patient.
- D Facility failed to document food intake for one patient with weight loss.

F328 Proper treatment & care for specialized services.

- D Facility failed to ensure a breathing treatment was given in the presence of a nurse for one patient.
- D Facility failed to ensure a breathing treatment was given in the presence of a nurse for one patient.

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

- E Facility failed to provide side effect monitoring for psychoactive medications for four patient reviewed for unnecessary medication use.
- D Facility failed to provide behavior monitoring for psychoactive medications for one patient.
- D Facility failed to provide behavior monitoring for antidepressant and antipsychotic medications for two patients reviewed for unnecessary medication use.

F332 Facility medication error rates of 5% or more.

- D Facility failed to ensure two LPNs administered medications with a medication error rate of less than 5 percent. Their error rate was 10.34 percent.
- D Facility failed to ensure one nurse administered medications with a medication error rate of less than 5 percent. The error rate was 7.40 percent.

F333 Residents free of significant medication errors.

- D Facility failed to ensure one LPN administered medications free of significant medication error. Insulin was not administered within the proper time frame with food intake.
- D Facility failed to ensure one LPN administered medications without a significant error. A blood pressure medication was administered even though the patient's blood pressure was outside the parameters set forth in the physician orders.
- D Facility failed to obtain a physician's clarification order for psychoactive medications for one patient.
- D Facility failed to ensure one LPN administered medications free of a significant medication error. Insulin was not administered within the proper timeframe for food intake.

F356 Nurse staffing data

- C Facility failed to ensure staffing information was posted on three survey days.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by dirty skillet, black buildup inside the oven, the mixer with peeling paint and dried food, the meat slicer with dried particles, food storage with no open dates, and chemical stored next to food. Three staff members failed to perform hand hygiene during dining.
- F Facility failed to ensure food was prepared or served under sanitary conditions as evidenced by lack of proper hand hygiene, lack of hair restraints and pans with a carbon buildup on them. Five CNAs failed to serve food under sanitary conditions during dining. This had the potential to effect all the patients in the facility.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by dirty stove hood; food slicer; mixer; microwave over; two deep fryers and a dirty ice machine. The facility failed to maintain a three- compartment sink with the proper amount of sanitizer and failed to properly label and store foods in cooler and freezer as evidenced by no open dates and use of dates on opened food. The facility failed to serve hot food at 135 degrees F and failed to serve cold foods at or below 40 degrees F. These failures had the potential to affect all patients in the facility.
- F Facility failed to store, prepare and serve food under sanitary conditions as evidenced by one dietary staff member not wearing a hair covering and hot and cold foods were being served at the incorrect temperatures.
- F Facility failed to serve food under sanitary conditions during dining; and the facility failed to ensure food was prepared, stored or served under sanitary conditions as evidenced by dirty ovens, refrigerators and freezers. There was grease buildup in the ovens, dirty storage carts, lack of hair restraint usage and food with no open dates. There was expired food and supplements and freezer temperature was too warm. This has the potential to affect all patients in the facility.
- F Facility failed to ensure food was stored and prepared under sanitary conditions as evidenced by opened food stored and not labeled with an opened and use by date. This had the potential to affect 73 patients in the facility. Two CNAs failed to perform hand hygiene during meal service.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by open food items with no open date; expired food; food containers with dust, dirt and dry substance on the containers; thick dirt around the baseboard in the storage area; and dirt under the storage racks in the storage room. There were splatters of dry substance in the storage room; a mop bucket with dirty water and a mop sitting in the dirty water; pots and pans with carbon buildup and wet nested pans. There was a mixer with dried food particles and chipped paint, frozen food in the sink thawing with cleaning solution sitting on the ledge of the sink, and a pipe draining water from a steam table into the same sink as the thawing meat. Staff entered the kitchen not wearing hair covers and no working cleaning schedule on three days of the survey.
- D Facility failed to ensure one staff member served food under sanitary conditions as evidenced by handling food bare handed.

- D Facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by a dirty meat slicer on one day of the survey.
- D Facility failed to ensure food was stored and prepared under sanitary conditions as evidenced by a bucket of sanitizer sitting in the food prep area and expired food stored in the walk-in cooler.

F431 Labeling of drugs & biologicals.

- F Facility failed to ensure expired medications and supplies were removed from stock; medication was dated when opened; internal and external medications were stored separately in nine medication storage areas.
- E Facility failed to ensure loose medications were not stored in the medication cart (there were medications which were not in containers of any type laying in the bottom of the drawer), internal and external medications were not stored together and medications were not stored past their expiration date. Patient medications were stored together and were not dated when opened.
- E Facility failed to ensure a biological was not stored past the manufacturer's expiration date and failed to ensure opened vials of insulin were dated when opened in three medication carts. One LPN left a medication on a patient's bedside table unattended and out of her vision.
- D Facility failed to remove outdated medications from one medication storage room.
- D Facility failed to ensure one LPN did not leave medications unattended and out of view. The facility failed to ensure medications were not left unsecured in one patient room.
- D Facility failed to ensure medications were not stored past their expiration date in three medication storage areas.
- D Facility failed to ensure medications had an expiration date on them in two storage areas.

F441 Investigates, controls/prevents infections.

- E Facility failed to ensure one nurse maintained proper infection control practices to prevent the potential spread of infections when the nurse did not clean or disinfect the stethoscope before or after auscultating one patient's bowel sounds. The facility failed to ensure that three CNAs performed hand hygiene during dining and failed to ensure that signs were posted on the door of the room where a patient was in isolation. The facility failed to show evidence employees were free from communicable diseases in eight personnel files.
- E Facility failed to ensure five staff members served food under sanitary conditions during dining and failed to ensure five LPNs followed practices to prevent the potential spread of infection during medication administration.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained when one LPN failed to clean the stethoscope during medication administration. Four staff members failed to perform proper hand hygiene or touched food with their bare hands during dining service.

- E Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when two nurses failed to disinfect a glucometer with a bleach wipe and failed to disinfect a stethoscope before and after use. Staff failed to ensure personal items were not left in the bathrooms unlabeled and/or on the floor for 12 patients.
- E Facility failed to ensure practices were implemented to prevent the potential spread of infection as evidenced by failure to maintain contact isolation precautions when no sign was placed on the doors to indicated the patients were in contact isolation for two patients.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained when one LPN failed to clean the glucometer with germicidal wipes.
- D Facility failed to ensure one LPN followed their policy to disinfect a glucometer.
- D Facility failed to ensure medical supplies were stored off the floor in two medication storage areas and two CNAs failed to perform hand hygiene during meal service.
- D Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained during the washing of patient's personal clothing in residential type washers and the laundry chemicals for disinfection were not appropriate. The facility failed to ensure urinary catheters were maintained in a manner to prevent the spread of infection when a Foley bag and catheter tubing were touching the floor.
- D Facility failed to ensure two nurses performed hand hygiene after changing gloves and/or stored a nebulizer without rinsing the reservoir or the mask.

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

- E Facility failed to provide a safe, sanitary and comfortable environment for patients in two halls, one shower room and the main lobby and bathroom.
- D Facility to ensure one common shower was maintained in a clean and safe manner. There was a brown substance in multiple spots on the front of the door, sink and toilet stalls.

F468 Corridors equipped with hand rails.

- E Facility failed to ensure that handrails were firmly secured on two halls.
- D Facility failed to ensure handrails were secure on one hall.

F469 Effective pest control.

- D Facility failed to ensure the environment was free of pests as evidenced by roaches in three patient rooms.

F502 Provide or obtain clinical laboratory services.

- D Facility failed to obtain laboratory tests as ordered by the physician for one patient reviewed fro unnecessary medication use.
- D Facility failed to obtain laboratory services as ordered for one patient.

F514 Criteria for clinical records.

- D Facility failed to have accurate medical records related to hospice services for one patient.
- D Facility failed to ensure a medical record had accurate documentation of weight for one patient.
- D Facility failed to ensure the clinical record was complete for behaviors and/or meal intake for three patients.
- D Facility failed to ensure the medical record was complete and accurate for medication administration for behaviors for two patients.

F517 Emergency/disaster plans.

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

F520 Quality assessment & assurance.

- E Facility administrative staff failed to identify and address quality of assurance issues to implement and develop plans of action to provide necessary housekeeping and maintenance services to maintain a sanitary, orderly and comfortable interior as evidenced by disrepair of air conditioner units, light fixtures, and commodes. There was trash and debris in patient rooms and dirt and scuff marks on walls, doors and floors. There was peeling paint present as well as stains on walls, floors and doors, and around commodes. The main lobby and women's bathroom were not maintained nor was the shower rooms.

K018 Construction of Doors

- E Facility failed to maintain the fire doors protecting the corridors. The fire-rated door tags were painted over.
- D Facility failed to maintain all smoke resistant doors.
- D Facility failed to maintain the corridor doors. The fire rated tag on the door frame was painted over.
- D Facility failed to maintain the corridor doors. The fire-rated tags on the rated door frames had been painted over on the corridor doors.
- D Facility failed to maintain the TV room door to close tightly in the frame and had two latches that required to be turned to open the door.
- D Facility failed to maintain the doors protecting the corridor.

K025 Smoke Partition Construction

- E Facility failed to maintain the sprinkler system. The hydraulic name place was missing in the sprinkler riser room.
- E Facility failed to maintain the smoke/fire wall barrier. There were penetrations in the fire wall.

- E Facility failed to maintain the smoke and fire barrier. The four-hour fire wall had unapproved fire stop above the recreation center.
- D Facility failed to maintain the smoke and fire barrier in the attic. There was exposed tape and wood in the attic.

K029 Hazardous Areas Separated By Construction

- D Facility failed to maintain fire doors protecting corridors. The door closure on the medical records room had been removed.
- D Facility failed to maintain hazardous areas. There were ceiling penetrations in one of the mechanical rooms.
- D Facility failed to maintain doors to hazardous areas. Some of the doors did not close and latch to a positive latch.
- D Facility failed to protect hazardous areas from other parts of the building.

K038 Exit Accessible At All Times

- F Facility failed to maintain the exit access. The emergency lights in the generator room were not functioning.
- E Facility failed to maintain the exit egress. The gazebo area did not have a walking surface leading to the public way that was slip-resistant under all weather conditions.

K045 Exit Lighting

- E Facility failed to maintain illumination of the exit discharge.
- D Facility failed to provide emergency lighting at one exit discharge so that failure of any single lighting fixture would not leave the area in darkness.
- D Facility failed to install emergency lighting from the exit discharge to a public way.
- D Facility failed to provide emergency lighting at the exit discharges so that failure of any single lighting fixture would not leave the area in darkness.

K047 Exit Signs

- D Facility failed to maintain an exit light. The exit light in the physical therapy department was not illuminated.

K050 Fire Drills

- D Facility failed to conduct all required fire drills.

K052 Testing of Fire Alarm

- D Facility failed to maintain the fire alarm system. The strobes were out of synchronization in several locations.

K054 Smoke Detector Maintenance

- D Facility failed to maintain two smoke detectors. In two patient rooms the smoke detectors were not secured to the ceiling.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to maintain and test the complete automatic sprinkler system.
- E Facility failed to maintain all sprinkler heads. There was a buildup of lint on several of the sprinkler heads as well as paint on some of them.
- E Facility failed to maintain the sprinkler system. The spare sprinkler box did not have the different types of spare sprinklers installed throughout the facility in stock.
- E Facility failed to supervise their automatic sprinkler system components. The hydraulic plate was missing in the sprinkler riser room.
- E Facility failed to maintain a complete automatic sprinkler system. There was lint buildup on the sprinkler heads in several areas.
- E Facility failed to have sprinkler coverage under a canopy with combustible material.
- D Facility failed to maintain the sprinkler system. There was lint accumulation on several of the sprinkler heads.
- D Facility failed to maintain their automatic sprinkler system components. There were dirty sprinkler heads.
- D Facility failed to install corrosion resistant sprinkler heads in wet areas.

K066 Smoking Regulations

- D Facility failed to comply with the smoking regulations. There was no metal containers with self-closing cover devices into which ashtrays could be emptied readily available to all areas where smoking was permitted.
- D Facility failed to provide a metal container with a self-closing lid in the smoking area.

K067 Ventilating Equipment

- D Facility failed to maintain all exhaust fans. The exhaust fans were not functional in several bathrooms.

K069 Commercial Cooking Equip. Meets Requirements

- D Facility failed to conduct the required annual inspection for the cook stove suppression system.

K072 Furnishings and Decorations

- E Facility failed to maintain the means of egress free of obstructions.
- E Facility failed to maintain the means of egress. There was furniture stored in one hallway.

K076 Nonflammable Medical Gas Systems

- E Facility failed to maintain the oxygen cylinders. There was an unsecured cylinder laying in the floor of the nursing office.
- D Facility failed to provide proper ventilation for oxygen storage.

K104 Penetration of Smoke Barriers

- D Facility failed to ensure smoke barriers were free of penetrations.

K130 Other LSC Deficiency Not On 2786

- D Facility failed to maintain all fire compartments. There were penetrations in the fire wall.
- D Facility failed to comply with life safety codes. There was a lint buildup on the back of the dryers.
- D Facility failed to conduct a load bank test on the generator.
- D Facility failed to properly train all staff members in how to use safety equipment. The cook was asked if she knew how to activate the suppression system if a fire occurred on the stove and the cook stated "No".

K141 No Smoking Signs

- D Facility failed to have a precautionary sign posted where oxygen was being stored.

K144 Generators

- E Facility failed to maintain the emergency generator power supply.
- D Facility failed to exercise the generator for 30 minutes each month for four months.
- D Facility failed to maintain the emergency power supply system. There was no annunciator panel with an audible alarm for the emergency generator.
- D Facility failed to maintain the generator. The generator was not properly secured to the concrete pad to maintain alignment of the generator during operation.
- D Facility failed to provide a load bank test report.

K147 Electrical Wiring and Equipment

- E Facility failed to maintain lighting fixtures and all electrical components. There were several fixtures with no covers.
- E Facility failed to maintain all electrical wiring and components.
- E Facility failed to provide documentation for the electrical system.
- D Facility failed to maintain the electrical system. A junction box plate was missing in the west wing shower room attic access.
- D Facility failed to maintain all electrical equipment. There were missing bulb covers in several of the light fixtures in the facility.

K211 Alcohol Based Hand Rub Dispensers

- D Facility failed to install an alcohol-based hand rub dispenser properly and had installed it over an ignition source.

N1102 Records and Reports; Recording of Unusual Incidents

Facility failed to implement the abuse prevention policy and procedure to perform a complete and thorough investigation of an injury of unknown origin or report the incident to the state survey agency within five working days of the injury.

N1216 Resident Rights

Facility failed to ensure privacy and confidentiality was maintained for one medical record reviewed. The medical record was open and unattended on the nurse's station.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct disaster drills. Facility failed to conduct tornado and earthquake drills for all staff prior to March during 2014.

N505 Admissions, Discharges and Transfers; PAE

Facility failed to disclose in writing to each patient prior to admission to the facility whether the facility had liability insurance.

Facility failed to disclose in writing to each patient prior to admission whether the facility had liability insurance.

N506 Admissions, Discharges and Transfers; Quarterly Review

Facility failed to provide each patient with the Adult Protective Services (APS) toll-free telephone number upon admission.

N629 Infection Control; Disinfect Contaminated Items

Facility failed to ensure practices to prevent the potential spread of infection were maintained when one LPN failed to clean the glucometer with germicidal wipes.

Facility failed to ensure one LPN followed their policy to disinfect a glucometer. This was a type C pending penalty.

Facility failed to ensure one nurse maintained proper infection control practices to prevent the potential spread of infections when the nurse did not clean or disinfect the stethoscope before or after auscultating one patient's bowel sounds. The facility failed to ensure that three CNAs performed hand hygiene during dining and failed to ensure that signs were posted on the door of the room where a patient was in isolation. The facility failed to show evidence employees were free from communicable diseases in eight personnel files. This was a type C pending penalty.

Facility failed to ensure five staff members disinfected patient care equipment. This was a type C pending penalty.

Facility failed to ensure practices to prevent the potential spread of infection were maintained when one LPN failed to clean the stethoscope during medication administration. This was a type C pending penalty.

Facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when two nurses failed to disinfect a glucometer with a bleach wipe and failed to disinfect a stethoscope before and after use. Staff failed to ensure personal items were not left in the bathrooms unlabeled and/or on the floor for 12 patients. This was a type C pending penalty.

N645 Nursing Services

Facility failed to provide effective maintenance and housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by dirty, stained and/or missing caulk around sinks and commode bases, dirty floors in patient rooms and bathrooms, holes in walls and doors of patient rooms and bathrooms, cove base pulled loose from walls, black marks on the walls, dead bugs in the commode, chipped nightstands, missing or broken knobs from cabinets in rooms and odors in 18 patient rooms and bathrooms. This was a type C pending penalty.

Facility failed to ensure the laundry area was free of accident hazards as evidenced by unsecured chemicals in one laundry room. This was a type C pending penalty.

Facility failed to provide effective housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by disrepair of air conditioner units, light fixtures and commodes. There was also trash and debris in patient rooms; dirt and scuff marks on the doors and floors; peeling paint; stains on floors and walls; rust on pipes, towel holders, light switches and call lights; cracked tiles and stains around the base of the commodes. There was also offensive odors in the facility. This was a type C pending penalty.

Facility failed to provide an effective maintenance and housekeeping services to maintain a sanitary, orderly and comfortable environment as evidenced by dirty, stained thresholds leading into bathrooms; dirty grout and dirty caulk around commode bases; brown substance on the bathroom wall; dirt and lint on the floor between air conditioner unit and box around unit; handrail in the bathroom with missing plate over screws and privacy curtain hanging off the track. This was a type C pending penalty.

Facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable environment as evidenced by lingering odors, dusty ceiling vents, dirty buildup on the floors, and discolored grout in 11 patient rooms. This was a type C pending penalty.

N727 Pharmaceutical Services

Facility failed to ensure expired medications and supplies were removed from stock; medication was dated when opened; internal and external medications were stored separately in nine medication storage areas. This was a type C pending penalty.

Facility failed to ensure loose medications were not stored in the medication cart (there were medications which were not in containers of any type laying in the bottom of the drawer), internal and external medications were not stored together and medications were not stored past their expiration date. Patient medications were stored together and were not dated when opened. This was a type C pending penalty.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure one LPN did not leave medications unattended and out of view. The facility failed to ensure medications were not left unsecured in one patient room. This was a type C pending penalty.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure one staff member served food under sanitary conditions as evidenced by handling food bare-handed.

Facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by dirty skillet, black buildup inside the oven, the mixer with peeling paint and dried food, the meat slicer with dried particles, food storage with no open dates, and chemical stored next to food. Three staff members failed to perform hand hygiene during dining. This was a type C pending penalty.

Facility failed to ensure food was prepared or served under sanitary conditions as evidenced by lack of proper hand hygiene, lack of hair restraints and pans with a carbon buildup on them. Five CNAs failed to serve food under sanitary conditions during dining. This had the potential to effect all the patients in the facility. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by dirty stove hood; food slicer; mixer; microwave over; two deep fryers and a dirty ice machine. The facility failed to maintain a three compartment sink with the proper amount of sanitizer and failed to properly label and store foods in cooler and freezer as evidenced by no open dates and use of dates on opened food. The facility failed to serve hot food at 135 degrees F and failed to serve cold foods at or below 40 degrees F. These failures had the potential to affect all patients in the facility. This was a type C pending penalty.

Facility failed to store, prepare and serve food under sanitary conditions as evidenced by one dietary staff not wearing a hair covering and hot and cold foods were served at the incorrect temperatures. This was a type C pending penalty.

Facility failed to serve food under sanitary conditions during dining; and the facility failed to ensure food was prepared, stored or served under sanitary conditions as evidenced by dirty ovens, refrigerators and freezers. There was grease buildup in the ovens, dirty storage carts, lack of hair restraint usage and food with no open dates. There was expired food and supplements and freezer temperature was too warm. This has the potential to affect all patients in the facility. This was a type C pending penalty.

Facility failed to ensure food was stored and prepared under sanitary conditions as evidenced by opened food stored and not labeled with an opened and use-by date. This had the potential to affect 73 patients in the facility. Two CNAs failed to perform hand hygiene during meal service. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by open food items with no open date; expired food; food containers with dust, dirt and dry substance on the containers; thick dirt around the baseboard in the storage area; and dirt under the storage racks in the storage room. There were splatters of dry substance in the storage room; a mop bucket with dirty water and a mop sitting in the dirty water; pots and pans with carbon buildup and wet nested pans. There was a mixer with dried food particles and chipped paint, frozen food in the sink thawing with cleaning solution sitting on the ledge of the sink, and a pipe draining water from a steam table into the same sink as the thawing meat. Staff entered the kitchen not wearing hair covers and no working cleaning schedule on three days of the survey. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by a dirty meat slicer on one day of the survey. This was a type C pending penalty.

Facility failed to ensure food was stored and prepared under sanitary conditions as evidenced by a bucket of sanitizer sitting in the food prep area and expired food stored in the walk-in cooler. This was a type C pending penalty.

N767 Food and Dietetic Services; Written Policies and Procedures

Facility failed to serve hot food at 135 degrees F and failed to serve cold foods at or below 40 degrees F. These failures had the potential to affect all patients in the facility. This was a type C pending penalty.

N831 Building Standards; Construction

Facility failed to maintain the overall environment. There was trash in the bottom of the elevator shaft.

Facility failed to maintain the overall environment. There was a damaged wall behind the washing machine and four light covers were missing. There was trash throughout the attic. Paint was peeling in one of the shower rooms and the door to one of the bathrooms was damaged.

N832 Building Standards

Facility failed to submit plans for locking hardware through the state-approved process.

N835 Building Standards; Approval of New Construction

Facility failed to obtain Tennessee department of health approval for renovations within the facility.

N901 New Code Compliance

Facility failed to comply with the applicable building and fire safety regulations. A slide lock bar had been installed on the two kitchen doors leading from the kitchen to the dining room.