

# Survey Deficiency Summary

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27 Facilities Surveyed

Surveys Taken 4/6/2016 - 5/25/16

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

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

**F164 Right to privacy & confidentiality.**

- D Facility failed to ensure privacy was maintained during care for one patient.

**F201 Transfer & discharge requirements.**

- D Facility failed to honor a patient's appeal to an involuntary discharge and the facility refused to readmit the patient to the nursing home.

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

- D Facility failed to provide a physician's order for restraints for one patient.

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

- E Facility failed to thoroughly investigate an allegation of missing money and failed to report an allegation of abuse for two patients.
- D Facility failed to perform a thorough investigation of an abuse allegation for one patient.
- D Facility failed to notify the state agency within 24 hours of an alleged assault for one patient. A private duty sitter was observed by a CNA striking a patient. It was not reported within 24 hours as required by the Elder Justice Act.
- D Facility failed to report an allegation of abuse to the state agency and failed to complete a thorough investigation for an allegation of abuse for one patient.

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

- G Facility failed to maintain dignity for two patients reviewed and failed to ensure the breakfast meal was served in a timely dignified manner for four patients. This resulted in actual harm (humiliation) to one patient related to incontinence care not given timely.
- E Facility staff failed to maintain patient's dignity and respect during dining. One CNA stood over a patient while assisting with eating. One CNA entered the patient's room without knocking or asking permission to enter. One CNA called some of the patients in the dining room "feeders."
- D Facility failed to promote dignity of patient when three staff members referred to patients as a "feeders."
- D Facility failed to ensure the dignity/privacy was maintained when one patient was observed being transported through the hallway from the shower without having a cover, leaving the patient's buttocks exposed.

17-Jun-16

- D Facility failed to ensure patients were treated with dignity and respect when three staff members referred to patients as "feeders".
- D Facility failed to maintain a patient's dignity and respect during dining and activities for one patient. Patient was at a table in a wheelchair and was eye level with the top of the table. No accommodations had been made for her small stature.
- D Facility failed to provide care that maintained the patients dignity, respect and quality of life as evidenced by personal medical information posted in a patient's room and an LPN exposed a patient's abdomen in a public hallway during insulin administration for two patients.

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

- D Facility failed to notify the patient's family of room change for one patient. Facility failed to give advance notification a new roommate for one patient.

**F252 Safe, clean, comfortable & homelike environment.**

- D Facility failed to ensure patients had a homelike dining experience when there was not sufficient staff present to ensure the meal trays were passed in a timely manner.

**F256 Adequate & comfortable lighting levels.**

- E Facility failed to ensure there was adequate lighting in 11 bathrooms. The lights were very dim.

**F272 Comprehensive assessment.**

- D Facility failed to complete a comprehensive assessment for one patient.
- D Facility failed to complete an accurate assessment of a significant weight loss for one patient.

**f276**

- D Facility failed to ensure a patient's assessment was updated on a quarterly basis for one patient.

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

- E Facility failed to ensure the comprehensive assessments were accurate related to insulin administration, hospice services and/or cognitive status for four patients.
- D Facility failed to ensure the comprehensive assessments were accurate related to restraints, medications, diagnosis and functional status for four patients.
- D Facility failed to ensure the comprehensive assessments were accurate related to diagnosis, hospice, and/or pressure ulcers.
- D Facility failed to accurately assess a patient for prognosis for life expectancy of six months or less for one patient.

- D Facility failed to accurately code the MDS for diagnosis, medication and height for one patient.
- D Facility failed to accurately complete an MDS for two patients.
- D Facility failed to ensure the comprehensive assessments were accurate related to incontinence or antianxiety medication for two patients.

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

- D Facility failed to develop a care plan for dental status for one patient.
- D Facility failed to develop a comprehensive care plan related to dental status for one patient.

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

- G Facility failed to follow the care plan to ensure a transfer with a mechanical lift was provided with the assistance of two people and the appropriate size lift sling for one patient. This noncompliance resulted in a fall with a fracture of the 10th thoracic vertebrae and actual harm.
- D Facility failed to update the care plans to reflect current status related to falls, combative behaviors, hospice, pressure ulcers, and/or anticoagulant use for three patients.
- D Facility failed to revise the care plan related to feeding assistance for one patient.

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

- E Facility failed to instruct the prior to use and failed to follow manufacturer's recommendations after use of inhalants for one patient. Facility failed to ensure a patient took the prescribed amount of an inhalant for one and failed to document turning and repositioning for one patient.

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

- D Facility failed to ensure the care plan intervention for heel protectors was followed for one patient.

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

- J Facility failed to ensure one patient received anticoagulant therapy correctly. The laboratory monitoring of the Prothrombin Time/International Normalized Ratio (PT/INR) was not done as ordered by the physician. This failure was cited as a past non-compliance which was determined to exist on 6/26/15 and continue to 9/30/15.

The physician ordered the PT/INR to be done every Monday and Thursday. This order was not transcribed correctly by the nurse and the lab was not drawn for 10 days. When it was drawn, it was at a critical level and the patient was sent to the emergency room.

The facility had recognized the problem and began a performance improvement project (PIP) to resolve this issue. This was therefore cited as a past non-compliance and did not require a plan of correction.

- D Facility failed to ensure physician orders were followed for laboratory testing for one patient.
- D Facility failed to follow physician's orders for one patient. TED hose were not applied to the patient as ordered.
- D Facility failed to ensure a dialysis access was assessed for one patient.
- D Facility failed to follow physician orders regarding a fluid restriction for one patient.
- D Facility failed to follow the physician orders for daily fasting blood sugars for one patient.

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

- D Facility failed to ensure ADLs were performed for two patients. Both patients had long gray hair on their chins.
- D Facility failed to provide oral hygiene for one patient.
- D Facility failed to provide ADL care for one patient.

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

- D Facility failed to ensure correct documentation of wound assessments and failed to provide wound care for one patient with a pressure ulcer.
- D Facility failed to ensure a pressure ulcer assessment was accurate for one patient.

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

- D Facility failed to ensure the patient's indwelling urinary catheter tubing did not touch the floor for one patient.
- D Facility failed to complete a bladder and bowel assessment for one patient with urinary incontinence.

**F322 Tube feeding/prevention.**

- D Facility failed to ensure an LPN administered medications by gravity, through a PEG tube.
- D Facility failed to ensure one LPN checked placement of the PEG tube before administering medications for one patient.

**F323 Accident hazards.**

- G Facility failed to ensure a transfer with a mechanical lift was provided with the assistance of two people and the appropriate size lift sling for one patient. This noncompliance resulted in a fall with a fracture of the 10th thoracic vertebrae and actual harm.
- E Facility failed to provide supervision in the dining room during the noon meal for two patients with swallowing difficulty.
- D Facility failed to ensure neurological checks were done after a head injury per facility policy for one patient.

- D Facility failed to ensure the patient's environment remained as free from accident hazards as possible as evidenced by an unsecured oxygen cylinder in one unlocked storage area.
- D Facility failed to ensure the environment was free from accident hazards as evidenced by unsecured chemicals in one hall soiled utility room and one shower room.
- D Facility failed to determine the bed alarm functioned properly for one patient. Facility failed to follow facility policy for documentation after an elopement and failed to document staff training for use of a lift for one patient.

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

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

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

- D Facility failed to ensure a patient received proper oxygen therapy care by trained personnel. A CNA was not trained to apply or remove oxygen and did so for a patient.

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

- D Facility failed to ensure a patient was free from a significant medication error when one nurse failed to administer insulin within the proper time frame related to meals for one patient. This was a significant medication error.
- D Facility failed to administer an intravenous antibiotic as ordered by the physician for one patient with MRSA of the cerebrospinal fluid.
- D Facility failed to ensure one nurse administered medications free of a significant medication error. No snack was offered with the insulin administration nor did the patient receive a meal tray within 30 minutes.
- D Facility failed to ensure one nurse administered medications free of significant medication errors. The nurse prepared to administer an incorrect type of insulin to one patient.

**F353 Adequate nursing staff to provide nursing & related services..**

- E Facility failed to provide sufficient staff to meet the needs of the patients in a timely manner and failed to ensure medications were administered timely for 17 patients.
- D Facility failed to ensure there was sufficient staff to timely meet the needs of two patients.

**F354 Licensed nurse to serve as charge nurse.**

- D Facility failed to ensure a registered nurse was present eight consecutive hours a day for three of 14 days reviewed.

**F363 Menus meet the nutritional needs.**

- D Facility failed to prepare and serve food specified for liberalized renal diets for three renal diets and failed to prepare and/or serve food per the portion indicated for regular and mechanical soft diets in two meal observations.

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

- F Facility failed to ensure food was stored and served under sanitary conditions as evidenced by open buckets with the presence of chemicals in the food preparation area, food items with no date when they were opened, liquid items stored past their expiration date, baking pans stacked wet nested, and staff touching food with their bare hands.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by one large flour scoop with caked on white substance and staff in the kitchen with hair and facial hair not covered.
- F Facility failed to ensure food was stored and served in a sanitary manner as evidenced by opened food items in the freezer, staff members did not perform hand hygiene during dining and returning a tray that had been taken into a patient's room to the cart with food trays that had not yet been served.
- F Facility failed to ensure one dietary staff member performed hand hygiene during meal preparation.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by lack of hair restraint and carbon build-up on pans.
- F Facility failed to maintain a sanitary kitchen evidenced by inadequate cleaning of the food service area and the improper storage of frozen food items potentially effecting all patients.
- F Facility failed to ensure food was stored, prepared and served in a sanitary manner as evidenced by carbon build-up on the stove, six staff members had hair and/or facial hair uncovered, and improper procedure used for tray line temperatures.
- E Facility failed to serve cold food at or less than 41 degrees Fahrenheit(F) and failed to serve food in a sanitary manner in one meal observation.

**F372 Disposes of garbage & refuse.**

- D Facility failed to ensure garbage was disposed of properly when garbage was noted on the ground around the outside storage receptacle on two days of the survey.
- C Facility failed to dispose of garbage properly.

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

- D Facility failed to provide care and services related to dental health for one patient with dental needs.

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

- E Facility failed to ensure the consulting pharmacy provided oversight as evidenced by Schedule II medications not secured by two locks in three medication storage areas.
- D Facility failed to ensure the pharmaceutical service provided an intravenous antibiotic as ordered by the physician for one patient with MRSA of the cerebrospinal fluid.
- D Facility failed to ensure medications were obtained from the facility in house back up pharmacy for two patients.

#### **F431 Labeling of drugs & biologicals.**

- E Facility failed to ensure medications were properly stored and secured when two nurses left medications unsecured and unattended. There were opened and undated multi-dose vials of medications stored in one medication refrigerator.
- E Facility failed to ensure insulin was not stored past the expiration date, insulin was labeled with patient's name, and narcotic medication cards were not taped on the back in two of four medication carts.
- E Facility failed to store medications properly in three storage areas. Some medications that were supposed to be stored in the refrigerator were not. There were also some expired drugs on the cart.
- E Facility failed to ensure that medications were stored properly according to the facility's policy when Schedule II medications were not secured by two locks in three medication storage units.
- D Facility failed to ensure medications were stored securely in two medication storage areas. One unit crash cart was left unlocked and one medication cart was unlocked and out of sight for the licensed nurse.
- D Facility failed to ensure medications were secured and stored properly on one hall. There was an unsecured syringe on top of one medication cart.
- D Facility failed to ensure all opened vials of insulin were labeled with dates. The facility also failed to remove one expired vial of insulin from the supply for patient administration on one medication storage cart.

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

- F Facility failed to ensure one dietary employee performed hand hygiene during meal preparation.
- E Facility failed to ensure two nurses administered medication or performed wound care to prevent the potential spread of infection.
- E Facility failed to store biohazard waste in a sanitary manner for one of two biohazard rooms. The wound care nurse did not dispose of soiled dressings properly.
- E Facility failed to ensure four staff members performed practices to prevent the potential spread of infection during medication administration, perineal care and dining.
- E Facility failed to ensure infection control was maintained during medication administration for two patients.
- D Facility failed to prevent the potential transmission of disease and/or infection when two staff members failed to perform proper hand hygiene during tracheostomy care or failed to disinfect a bedside table during dining.
- D Facility failed to ensure infectious waste was stored in a manner which prevented the spread of infections and decreased the potential of exposure during one wound care observation.
- D Facility failed to ensure practices to prevent the potential spread of infection was maintained as evidenced by a dirty feeding syringe for one patient with a PEG tube.

- D Facility failed to follow their policy and failed to provide appropriate personal protective equipment to visitors and staff at the facility to prevent the transmission of an infectious disease for one patient.
- D Facility failed to ensure practices to prevent the potential spread of infection were followed by one LPN during medication administration. The nurse administered medications through a PEG tube using a 60cc. syringe. She did not clean nor rinse the syringe before storing it for the next administration of medication.
- D Facility failed to maintain sanitary practices during meal assistance for two patients.
- D Facility staff failed to sanitize their hands after contact with equipment and the patient prior to assisting the patient with the meal.

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

- D Facility failed to ensure one common bathroom was clean, sanitary and free of offensive odors and one shower chair was properly maintained and sanitary.
- D Facility failed to provide a sanitary and comfortable environment as evidenced by a strong and unpleasant odor on one hall.

**F469 Maintains Effective Pest Control Program**

- D Facility failed to ensure the facility was free from pests as evidenced by ants in one patient room and in one public bathroom.

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

- D Facility failed to obtain laboratory services as ordered by the physician for one patient.
- D Facility failed to obtain laboratory tests in a timely manner for one patient reviewed for unnecessary medication.
- D Facility failed to ensure laboratory tests were performed for two patients.

**F514 Criteria for clinical records.**

- D Facility failed to ensure the medical record was accurate for the Post Form and restraints for two patients.
- D Facility failed to have accurate medical records related to a dialysis access and urinary incontinence for two patients.
- D Facility failed to accurately document fluid intake for one patient.

**K011 Common Wall**

- E Facility failed to maintain the fire resistance of fire barriers and communicating openings.



### **K018 Construction of Doors**

- E Facility failed to maintain the corridor doors protecting the corridor openings. There was a warp in some patient room doors causing more than a 1/2 inch gap between the door and the door frame.
- D Facility failed to protect corridor openings. The restroom door in front of the nurses station would not close into the frame.
- D Facility failed to maintain the corridor doors. The physical therapy door had a 3/4 inch gap at the top.
- D Facility failed to maintain the corridor opening. One of the doors did not close in the frame.
- D Facility failed to maintain the corridor doors. There were door gaps exceeding 1/2 inch.

### **K021 Automatic Closing Doors**

- E Facility failed to maintain the fire doors. Some of the doors would not close to a positive latch.
- D Facility failed to maintain the cross corridor fire doors. They did not latch within the frame.
- D Facility failed to maintain the smoke doors. Two of the doors were not closing properly.
- D Facility failed to maintain the fire/smoke doors. There were penetrations on both cross corridor fire doors on the first floor.

### **K022 Enclosure Doors Serving Exits**

- D Facility failed to mark the exits. Four delayed egress doors did not have the 15-second delayed egress signage posted on the door.
- D Facility failed to maintain the exits. One of the doors did not have the "No Exit" signs posted.

### **K025 Smoke Partition Construction**

- F Facility failed to maintain four out of the four, one hour rated smoke barriers. There were unsealed penetrations in the wall.
- E Facility failed to maintain the smoke/fire barriers. The penetrations had been filled with an unapproved caulking substance.
- E Facility failed to maintain the smoke/fire barriers. There were penetrations in the fire wall.
- D Facility failed to maintain the smoke/fire barriers. The caulk used to fill the penetrations was not correct.
- D Facility failed to maintain all smoke barriers. There were penetrations in the fire wall.
- D Facility failed to maintain the fire/smoke barriers. There were penetrations in the fire wall.
- D Facility failed to ensure fire and smoke barrier's in one smoke compartment.

### **K029 Hazardous Areas Separated By Construction**

- E Facility failed to ensure hazardous area's construction is maintained. There was an unsealed insulated pipe and copper refrigerant line penetrating the ceiling above the HVAC unit.
- D Facility failed to maintain the fire rated assemblies in hazardous areas. There were unapproved fire stops being used in several areas.
- D Facility failed to maintain hazardous areas. The outdoor boiler room had multiple penetrations in the ceiling and along the edge of the wall and ceiling.
- D Facility failed to maintain hazardous areas. There were penetrations in the ceiling in one storage room.
- D Facility failed to protect the hazardous areas. There were penetrations in the fire wall.
- D Facility failed to maintain the hazardous areas. The self-closing device had been removed from the clean linen room door.
- D Facility failed to maintain the hazardous areas. The self-closing device had been removed from a hazardous storage area door.

### **K038 Exit Accessible At All Times**

- D Facility failed to maintain accessible exits. There were unapproved access control devices locking two of the outside doors.
- D Facility failed to maintain exit access. The door handle leaving the soiled laundry room was mounted above 48 inches from the finished floor.
- D Facility failed to ensure doors in the means of egress were readily operable with no more than one releasing device.

### **K045 Exit Lighting**

- D Facility failed to provide illumination at one exit discharge areas.
- D Facility failed to provide egress lighting at two discharge exits.

### **K046 Emergency Lighting**

- F Facility failed to provide emergency lighting for the means of egress. There were several discharge areas that did not have emergency lighting.
- E Facility failed to have adequate emergency lighting at the three exit discharge areas.

### **K050 Fire Drills**

- F Facility staff failed to clear equipment from the corridors during a fire drill.
- E Facility failed to conduct quarterly fire drills on each shift.
- D Facility failed to conduct quarterly fire drills.

**K051 Fire Alarm System**

- D Facility failed to maintain the fire alarm system. The remote annunciator located in the lobby did not send out an audible signal, display a supervisory visual, or display a text that the primary phone line had been disconnected.

**K052 Testing of Fire Alarm**

- E Facility failed to maintain the fire alarm system. No biannual smoke sensitivity test was conducted on the smoke detectors.

**K054 Smoke Detector Maintenance**

- D Facility failed to maintain the smoke detectors. Smoke detectors were within three feet of an air handling device in several locations.
- D Facility failed to maintain the smoke detectors. There was a smoke detector within three feet of the air handling device.

**K056 Auto Sprinkle Sys. Of Standard Approved Type**

- D Facility failed to protect all areas with an automatic sprinkler system. The canopy's did not have an automatic sprinkler system.

**K062 Automatic Sprinkler - Maintenance**

- E Facility failed to maintain the automatic sprinkler system. There were painted sprinkler heads in several locations in the facility.
- E Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. There were some dirty sprinkler heads.
- D Facility failed to maintain the automatic sprinkler system. There were corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in the facility.
- D Facility failed to ensure when quick response sprinklers were used, all sprinklers in that compartment were quick response.
- D Facility failed to maintain the sprinkler system. There were several sprinkler heads with incorrect orientation throughout the corridor.
- D Facility failed to maintain the sprinkler system. Some patient room closets had storage within 18 inches of the sprinkler deflector.
- D Facility failed to maintain the sprinklers. There was paint on some of the sprinkler heads.
- D Facility failed to maintain the automatic sprinkler system. There were several corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. Some of the sprinkler heads had been painted.

- D Facility failed to maintain the sprinkler system. There were mixed sprinklers (standard and quick response) on the 500 corridor and the 300 corridor.

#### **K064 Portable Fire Extinguishers**

- D Facility failed to maintain the fire extinguishers. The fire extinguisher in the elevator had a gauge reading of "recharge."

#### **K066 Smoking Regulations**

- D Facility failed to maintain the smoking area. The self-closing device on the metal ash can was not functioning properly.

#### **K067 Ventilating Equipment**

- D Facility failed to maintain the ventilation systems. The west hall janitors closet exhaust fan was not working properly.
- D Facility failed to install the HVAC equipment in accordance with manufacturer's specifications.

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

- D Facility failed to maintain the cooking facilities. There were no grease drip pans installed in the kitchen hood system.
- D Facility failed to maintain the kitchen exhaust system. The hood suppression and exhaust inspection record dated Feb. 11, 2016, stated the fan had hinges but was not connected.
- D Facility failed to follow correct procedures for fires under kitchen hoods protected by an extinguishing system.
- D Facility failed to properly train the kitchen staff in fire safety procedures.

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

- E Facility failed to maintain the storage of medical gases. The oxygen cylinders were being stored within five feet of combustible materials.
- D Facility failed to maintain the oxygen storage. There was oxygen stored within five feet of combustible material (wood).

#### **K077 Piped-In Oxygen System**

- F Facility failed to maintain the piped in medical gas lines. The gas lines had dissimilar metals touching and supporting medical gas lines throughout the facility.

#### **K104 Penetration of Smoke Barriers**

- F Facility failed to maintain the smoke/fire dampers. Some of the dampers had been disconnected.
- D Facility failed to maintain the smoke/fire dampers. No documentation was available for the four year damper inspection.

- D Facility failed to maintain the fire dampers. The facility failed to conduct the four-year fire damper inspection.

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

- F Facility failed to comply with the Life Safety Code. Facility could not provide a copy of their health care emergency preparedness plan per NFPA 99.
- F Facility failed to comply with the Life Safety Code. The facility had failed to conduct the required health care emergency preparedness drills.
- F Facility failed to install and maintain the fire doors. Some of the doors did not close to a positive latch. Also three doors did not have a bottom latch that extended into the floor strike at least 5/8 of an inch per the labeling of the door. The latches were only extending into the floor strike approximately 1/8 of an inch.
- E Facility failed to maintain two three-hour fire doors which affects three smoke compartments. Panic hardware had been installed to replace the previously required "Fire Exit" hardware.
- D Facility failed to maintain the corridor doors. The doors did not close completely.
- D Facility failed to comply with the Life Safety Code. The bottom latching hardware was removed from the cross corridor fire doors.
- D Facility failed to maintain the fire doors. The bottom latch of the three hour fire rated cross corridor doors did not have the required latch throw of 5/8 of an inch into the strike. The latch protruded an 1/8 of an inch into the floor strike.
- D Facility failed to comply with the applicable Life Safety Code. There were nine unsecured oxygen cylinders in the oxygen storage room.
- D Facility failed to comply with the Life Safety Code. One corridor door did not close within the frame.
- D Facility failed to comply with the Life Safety Code. There were doors wedged open in the facility.

### **K144 Generators**

- E Facility failed to conduct the annual load bank test on the generator.
- D Facility failed to maintain the generator equipment. The transfer switch for the generator did not have battery powered emergency lighting.
- D Facility failed to maintain the emergency generator. It was not mounted on the concrete pad in accordance with the manufacturer's recommendations.

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

- F Facility failed to maintain the electrical system. Power strips were being used in patient rooms.
- E Facility failed to maintain the electrical equipment. There were unapproved power strips being used in the facility.

- E Facility failed to maintain the electrical equipment. There were unapproved power strips being used in the facility.
- E Facility failed to maintain the electrical equipment. Extension cords were being used in the facility.
- E Facility failed to maintain electrical equipment. There were unacceptable power adapters and extension cords in multiple areas of the facility, including patient rooms.
- D Facility failed to maintain the electrical equipment. There were power strips being used in the facility.
- D Facility failed to maintain the electrical equipment in accordance with the National Electrical Code.
- D Facility failed to maintain the electrical system. There was a junction box cover missing in the mechanical room.
- D Facility failed to maintain the electrical system. There were power strips being used in the facility.
- D Facility failed to maintain electrical equipment. Unapproved electrical adapters were being utilized in patient rooms.
- D Facility failed to maintain the electrical system. Facility failed to notify the surveyor of the use of power strips during the entrance conference.
- D Facility failed to maintain the electrical system. The dryer in the beauty shop had a ground plug missing.
- D Facility failed to maintain the electrical equipment. There were unapproved power strips in several patient rooms.
- D Facility failed to maintain the electrical system. There were extension cords being used in multiple rooms.
- D Facility failed to maintain the electrical system. Unapproved power strips were being used in the facility.

### **N003 Special Circumstances**

Facility failed to maintain a waiting list that documented telephone requests.

### **N1102 Records and Reports; Recording of Unusual Incidents**

Facility failed to thoroughly investigate an allegation of missing money and failed to report an allegation of abuse for two patients. This was a type C pending penalty.

Facility failed to perform a thorough investigation of an abuse allegation for one patient. This was a type C pending penalty.

### **N1401 Disaster Preparedness; Emergency Electrical Power**

Facility failed to have an on-site electrical generator capable of providing emergency power to all essential equipment. The facility had been using two portable generators for over two years and using extension cords to power certain areas of the building.

**N1402 Disaster Preparedness; Emergency Electrical Power**

Facility failed to ensure that connections are through a switch that automatically transfers the circuits to the emergency power source in case of power failure.

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

Facility failed to provide flood drill training to all staff.

Facility failed to exercise and evaluate disaster drills before March 2016. Neither tornado, flood nor earthquake drill had been conducted and evaluated by the facility.

Facility failed to exercise an earthquake drill annually.

**N611 Physician Services; Dental Services**

Facility failed to provide care and services related to dental health for one patient with dental needs. This was a type C pending penalty.

**N629 Infection Control; Disinfect Contaminated Items**

Facility failed to ensure one shower chair was properly maintained and sanitary on two days of the survey and one nurse failed to disinfect a stethoscope to prevent the spread of infection.

Facility failed to prevent the potential transmission of disease and/or infection when two staff members failed to perform proper hand hygiene during tracheostomy care or failed to disinfect a bedside table during dining. This was a type C pending penalty.

Facility failed to ensure practices to prevent the potential spread of infection was maintained as evidenced by a dirty feeding syringe for one patient with a PEG tube. This was a type C pending penalty.

Facility failed to ensure practices to prevent the potential spread of infection were followed by one LPN during medication administration. The nurse administered medications through a PEG tube using a 60cc. syringe. She did not clean nor rinse the syringe before storing it for the next administration of medication. This was a type C pending penalty.

Facility failed to ensure one nurse disinfected a glucometer with a super Sani Wipe. This was a type C pending penalty.

**N645 Nursing Services**

Facility failed to ensure one common bathroom was clean, sanitary and free of offensive odors and one shower chair was properly maintained and sanitary. This was a type C pending penalty.

Facility failed to provide a sanitary and comfortable environment as evidenced by a strong and unpleasant odor on one hall. This was a type C pending penalty.

Facility failed to ensure the environment was free from accident hazards as evidenced by unsecured chemicals in one hall soiled utility room and one shower room. This was a type C pending penalty.

### **N728 Basic Services; Pharmaceutical Services**

Facility failed to ensure medications were stored securely in two medication storage areas. One unit crash cart was left unlocked and one medication cart was unlocked and out of sight for the licensed nurse. This was a type C pending penalty.

Facility failed to ensure that medications were stored properly according to the facility's policy when Schedule II medications were not secured by two locks in three medication storage areas.

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

Facility failed to ensure food was stored and served under sanitary conditions as evidenced by open buckets with the presence of chemicals in the food preparation area, food items with no date when they were opened, liquid items stored past their expiration date, baking pans stacked wet nested, and staff touching food with their bare hands. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by one large flour scoop with caked on white substance and staff in the kitchen with hair and facial hair not covered. This was a type C pending penalty.

Facility failed to ensure food was stored and served in a sanitary manner as evidenced by opened food items in the freezer, staff members did not perform hand hygiene during dining and returning a tray that had been taken into a patient's room to the cart with food trays that had not yet been served. This was a type C pending penalty.

Facility failed to ensure one dietary staff member performed hand hygiene during meal preparation. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by lack of hair restraint and carbon build-up on pans. This was a type C pending penalty.

Facility failed to ensure food was stored, prepared and served in a sanitary manner as evidenced by carbon build-up on the stove, six staff members had hair and/or facial hair uncovered, and improper procedure used for tray line temperatures. This was a type C pending penalty.

### **N831 Building Standards; Construction**

Facility failed to maintain the overall environment of the nursing home. The exhaust vent cover inside one bathroom was missing.

Facility failed to maintain the condition of the physical plant and the overall nursing home environment.

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

Facility failed to get prior written approval from the Tennessee Department of Health to make alterations to patient rooms. One patient room was made into a storage room.

Facility failed to get written approval from the Tennessee Department of Health before making alterations to the nursing home.



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

Facility failed to ensure soiled areas were maintained under a relative negative air pressure.

Facility failed to ensure GFCI outlets were located in all wet areas.

**N901 New Code Compliance**

Facility failed to comply with the required applicable building and fire safety regulations. There were several dirty sprinkler heads in the facility.

Facility failed to comply with the required building and fire safety regulations. There were multiple fire stopping systems being used to seal a penetration in a fire wall near the staff break room.

Facility failed to comply with applicable building and fire safety regulations. There was no carbon monoxide detector in the main mechanical room.