

Survey Deficiency Summary

31 Facilities Surveyed

Surveys Taken 6/30/2016 - 8/24/2016

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

- D Facility failed to notify the patient's representative of a significant change in condition for one patient.

F164 Right to privacy & confidentiality.

- D Facility failed to maintain the privacy of the clinical record for three patients. The MAR was open and unattended on the medication cart in the hallway.

F174 Right to telephone access/privacy.

- E Facility failed to ensure all patient's right to retain and use personal property for two patients.

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

- E Facility failed to promote each patient in a manner that maintains respect and dignity. Some residents complained of missing items which had not been addressed by the facility.
- D Facility failed to promote care that maintained patient dignity, respect and quality of life as evidenced by four CNAs referring to patients as "feeders" and stood over the patient during dining.
- D Facility failed to promote care that maintained patient dignity, respect and quality of life for one patient.
- D Facility failed to promote care that maintained patient dignity, respect and quality of life when one CNA staff member stood over a patient during dining observations.
- D Facility failed to care for a patient in a manner that maintained or enhanced dignity for one patient with an indwelling urinary catheter. The catheter bag was uncovered and in view.

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

- D Facility failed to give three patients the choice of bathing frequency.

F246 Right to accommodations of individual needs & preferences.

- D Facility failed to ensure a patient's individual needs were provided.

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

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

F252 Safe, clean, comfortable & homelike environment.

- E Facility failed to provide a comfortable, homelike environment for patients using multiple dining rooms and patient rooms on the locked unit.

16-Sep-16

F253 Housekeeping & maintenance services.

- E Facility failed to ensure a safe, sanitary and comfortable environment as evidenced by chipped painting, a dirty side of a refrigerator, gouged walls, thick spackling and a broken string to an overbed light. There was also a patient room with a reddish substance on the wall, a sink pulled away from a wall, cracks in walls, paper torn on walls, cove base detached and thick dust in a vent.
- D Facility failed to provide effective housekeeping and maintenance services in the facility. There were multiple gouges in the walls behind patient beds. There was a thick black substance on the floor around the baseboards. There were white tiles lying on the floor behind the toilet in one bathroom.

F256 Adequate & comfortable lighting levels.

- D Facility failed to ensure there was adequate lighting in three patient rooms.

F272 Comprehensive assessment.

- D Facility failed to accurately assess one patient's oral/dental status.
- D Facility failed to complete an accurate comprehensive assessment for one patient.
- D Facility failed to complete a timely and complete comprehensive assessment for three patients.

F276 Review of resident assessments quarterly.

- D Facility failed to ensure a patient's assessment was updated on a quarterly basis. The MDS had not been completed timely.

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

- D Facility failed to accurately assess patients for medication use and weights for two patients.
- D Facility failed to accurately assess patients with antibiotics for one patient.
- D Facility failed to accurately code the MDS for anxiety and depression for one patient.
- D Facility failed to ensure an assessment was complete and accurate related to cognition and behaviors for one patient.
- D Facility failed to ensure an assessment was complete and accurate related to behaviors for one patient.
- D Facility failed to ensure an assessment was complete and accurate related to medications for one patient.

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

- D Facility failed to develop a plan of care that identified a patient's dental status.
- D Facility failed to develop comprehensive and individualized care plans for three patients.

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 for dental issues, positioning and medications.
- D Facility failed to revise the care plan to reflect the patient's current status for medications. The care plan did not address antianxiety, antidepressant and diuretic use.
- D Facility failed to revise the comprehensive care plan to reflect the patients current status for two patients.
- D Facility failed to follow the patient's care plan resulting in a fall.

F281 Services must meet professional standards of quality.

- D Facility failed to follow their own policy to obtain urine cultures for patients with cloudy urine.

F282 Services must be provided by qualified persons.

- D Facility failed to follow fall care plan interventions for one patient.
- D Facility failed to ensure care plan interventions were followed for nutrition and dialysis monitoring for three patients.
- D Facility failed to follow care plan interventions for meal intake for one patient.
- D Facility failed to ensure the care plan intervention to float heels was followed for one

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

- D Facility failed to monitor behaviors for one patient with behaviors; failed to ensure communication between the facility staff and hospice; and failed to provide treatment to one patient with skin tears observed.
- D Facility failed to have a physician's order for hospice services for one patient and failed to follow physicians orders for medications for one patient.

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

- D Facility failed to provide showers per the care plan for one patient.

F314 Resident does not develop pressure sores.

- E Facility failed to provide care and services for the prevention and treatment of pressure ulcers for four patients.
- D Facility failed to follow physician's orders for wound care for one patient with a pressure ulcer.
- D Facility failed to assess pressure ulcers accurately and measure ulcers in a consistent manner.

F315 Incontinent resident receives appropriate treatment and services.

- E Facility failed to ensure the patient's indwelling urinary catheter bag did not touch the floor for one patient.
- D Facility failed to complete an urinary incontinence assessment for one patient.

F318 Range of motion.

- D Facility failed to ensure a patient received range of motion (ROM) as ordered.

F323 Accident hazards.

- G Facility failed to report and complete an investigation after a fall for one patient who suffered a wrist fracture.
- E Facility failed to ensure the patient's environment remained free from accident hazards as possible as evidenced by the supply room door next to the south nurses station not being securely closed.
- D Facility failed to supervise a patient to prevent a fall.

F325 Facility must ensure acceptable parameters of nutritional status.

- E Facility failed to monitor and maintain the nutritional status for two patients.
- D Facility failed to record meal intake for one patient with nutritional issues.
- D Facility failed to obtain admission and weekly weights for one patient.

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

- E Facility failed to ensure patients were monitored for behaviors and possible adverse drug reactions for three patients.
- D Facility failed to ensure that a patient's drug regimen was free of unnecessary drugs.
- D Facility failed to obtain a laboratory level for Depakote as ordered for one patient.

F332 Facility medication error rates of 5% or more.

- E Facility failed to ensure two nurses administered medications with a medication error rate less than 5 percent. The error rate was 6.45 percent.

F333 Residents free of significant medication errors.

- D Facility failed to ensure one LPN administered medications free of significant medication errors. Insulin was not administered within the proper timeframe related to food intake.
- D Facility failed to ensure one LPN administered medications free of significant medication errors. Insulin was not administered within the proper timeframe related to food intake.
- D Facility failed to ensure one LPN administered medications without a significant medication error. The LPN did not administer insulin within the proper timeframe related to food intake for the patient.

F356 Nurse staffing data

- E Facility failed to maintain staff postings for 36 of 91 days reviewed by the surveyor.

F364 Food preparation.

- F Facility failed to serve food to the patients that was palatable for 7 of 8 partially consumed milk cartons. All of the milk was out of date on the day it was served.
- E Facility failed to prepare and serve food at the required temperatures as evidenced by country fried steaks were inadequately reheated and served to patients. It was not reheated to 165 degrees Fahrenheit (F).

F367 Therapeutic diets.

- D Facility failed to follow the physician order for diet of double portions for one patient.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to ensure food was prepared and served under sanitary conditions as evidenced by black sticky buildup on a skillet. There was expired food and staff members observed in the kitchen with hair not completely covered on two days of the survey.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by dietary staff not performing hand hygiene. A dirty pair of gloves were found lying near the tray line, dented cans in the emergency food supply and a dirty ice machine.
- 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, and staff entering the kitchen with hair not completely covered.
- F Facility failed to ensure food was stored, prepared and distributed under sanitary conditions as evidenced by food with no open date, food open to air and a mixer with dry food around the top.
- F Facility failed to ensure food was prepared and served under sanitary conditions as evidenced by staff entering the kitchen with hair not completely covered and refrigerator temperatures were out of parameters in one nourishment refrigerator.
- F Facility failed to maintain the proper food temperature.
- F Facility failed to ensure food was stored, prepared, and served under sanitary conditions as evidenced by two dented cans found in the food supply. There was also open food items with no open date, build up of a thick, black substance on the range top and a thick brown substance on the oven doors.
- F Facility failed to date a prepared salad, secure opened foods, monitor expired foods, clean one of two walk-in refrigerators, clean cooling fans, maintain clean kitchen equipment and maintain thermometers for two refrigerators.
- F Facility failed to properly store frozen food items, failed to dispose of leftovers in one cooler and one nourishment room refrigerator. Facility failed to properly air dry pans and failed to ensure kitchen equipment and non-food contact surfaces were clean and maintained in a sanitary manner.

- F Facility failed to properly store refrigerated food items, failed to dispose of left overs in one cooler and one nourishment room refrigerator by the use by date. Facility failed to ensure kitchen equipment and non-food contact surfaces were clean and maintained in a sanitary manner.
- F Facility failed to ensure serving pans were free of dried food debris for one two inch hotel pans and two colander pans. Facility failed to store kitchen utensils under sanitary conditions and failed to dispose of out of date milk products.
- E Facility failed to ensure food was prepared under sanitary conditions as evidenced by dietary staff observed in the kitchen without having hair properly restrained.
- E Facility failed to ensure the food was stored and served under sanitary conditions as evidenced by refrigerator temperatures above 41 degrees F.
- D Facility failed to obtain food temperatures to ensure food was maintained at proper serving temperatures.

F372 Disposes of garbage & refuse.

- D Facility failed to dispose of garbage and refuse properly. There was trash around the dumpsters.

F412 Medicaid patients must be provided with dental services.

- D Facility failed to accurately assess and provide dental services for one patient.

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

- D Facility failed to provide medications as ordered for two patients.

F431 Labeling of drugs & biologicals.

- E Facility failed to ensure medications were not stored past their expiration date in one medication cart, stored securely in two medication carts and biologicals were not stored past their expiration date in a random observation of the supply room.
- D Facility failed to ensure medications were not stored past their expiration date in one storage area.
- D Facility failed to ensure medications were properly stored as evidenced by one RN observed during medication administration left a medicine cup filled with medications unattended.
- D Facility failed to ensure medications were properly stored as evidenced by one LPN leaving medications unattended and one medication storage area contained open and undated medications.
- D Facility failed to ensure medications were properly stored when one medication storage area was unsecured and one nurse observed during medication administration left the medications unattended.
- D Facility failed to implement its written policies and procedures to account of all controlled drugs for one patient.

F441 Investigates, controls/prevents infections.

- E Facility failed to ensure practices to prevent the potential spread of infection and cross-contamination were maintained as evidenced by failure to ensure the use of appropriate contact precautions during suspect cases of and prophylactic treatment for scabies. Facility failed to track the rashes and treatments for scabies in the monthly infection control surveillance program and failure of one nurse to clean reusable medical equipment during medication administration.
- E Facility failed to ensure practices to prevent the potential spread of infection were maintained by one staff member during dining and one LPN during medication administration.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained as evidenced by one laundry staff who did not handle linens properly.
- D Facility failed to ensure practices to prevent the potential spread of infection were followed by one nurse during medication administration. The nurse allowed the tip of the eye dropper to touch the patient's eye during administration of eye drops.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained by six CNAs and one nurse. Hand hygiene was not performed correctly.
- D Facility failed to ensure practices to prevent the potential spread of infection were maintained when three CNAs did not perform proper hand hygiene.
- D Facility failed to ensure proper hand hygiene prior to medication administration for one patient.
- D Facility failed to appropriately wash the hands in the kitchen. One of the staff emptied trash and then reentered the kitchen and touched clean pots and utensils without washing hands.
- D Facility failed to ensure staff disinfected the hands after direct patient contact for 11 patients.
- D Facility failed to ensure staff don gloves before administration of an injection.
- D Facility failed to maintain practices to reduce the spread of infections and prevent cross-containment during ice pass on one hallway.

F463 Resident call system.

- D Facility failed to maintain a functional call system in a patient bathroom.

F467 Adequate ventilation.

- E Facility failed to prevent pervasive odors from lingering in the facility.

F497 Regular in-service education.

- D Facility failed to ensure three CNAs employed the entire year of 2015 received at least 12 hours of in-service training.

F514 Criteria for clinical records.

- D Facility failed to ensure medical records were accurate and not changed/altered for one patient.
- D Facility failed to provide accurate documentation of medication administration for two patients.

F520 Quality assessment & assurance.

- D Facility quality assurance committee failed to prevent a fall for one patient. The facility failed to follow their plan of correction to ensure systems are in place to prevent accidents.

K011 Common Wall

- D Facility failed to maintain the separation of the occupancy and the addition.

K014 Interior Finish - Corridors

- F Facility failed to maintain the interior finishes in the means of egress in the corridors. Carpet was installed on the lower 24 inches of the corridor walls and there was no documentation for vertical installation of the carpet.
- D Facility failed to maintain the interior finish. There was a plywood wall constructed in the Nandina hallway living room.

K018 Construction of Doors

- E Facility failed to maintain doors protecting corridor openings.
- D Facility failed to maintain corridor doors. The janitorial closet door was loose from the hinges.
- D Facility failed to maintain doors protecting corridor openings. The doors would not close in the frames.
- D Facility failed to maintain the corridor doors. There were two penetrations in the central shower door.

K021 Automatic Closing Doors

- E Facility failed to maintain the fire/smoke doors.
- E Facility failed to maintain the fire/smoke doors. There were penetrations in the fire door.
- D Facility failed to maintain the cross corridor fire doors. There were several fire door labels that had been painted.
- D Facility failed to maintain the cross corridor fire/smoke doors. The lower latching hardware installed on the fire doors were not working properly.
- D Facility failed to maintain the cross corridor door. There was no bottom latch within the floor for the door to catch.

K025 Smoke Partition Construction

- F Facility failed to maintain the smoke barriers in two of the three corridors. The phone lines were not sealed at the walls above the patient rooms.
- D Facility failed to maintain the fire smoke barriers.
- D Facility failed to maintain the smoke barriers. There were ceiling penetrations in several locations.
- D Facility failed to maintain the smoke barrier walls.
- D Facility failed to maintain the fire barriers. There were holes in the fire wall.

K029 Hazardous Areas Separated By Construction

- F Facility failed to maintain hazardous areas. One shower room had been converted into a housekeeping supply storage room.
- E Facility failed to maintain the hazardous areas. There were holes in some of the fire walls.
- E Facility failed to maintain the hazardous areas. There were unsealed penetrations in the fire wall.
- D Facility failed to maintain the hazardous areas. There was tape peeling from the drywall on the ceiling in the generator room.
- D Facility failed to protect hazardous areas. There were unsealed penetrations in the fire wall.

K038 Exit Accessible At All Times

- E Facility failed to maintain the exit access in one of the three corridors. There was a med cart placed in front of the fire door obstructing the path of egress.
- E Facility failed to maintain the exits. The facility failed to provide the required 15 second delayed egress signage on the exit doors.
- D Facility failed to maintain exit access. The outside gate on the memory care wing could only be opened by activation of the fire alarm system or by unlocking a dead bolt with a key from the egress side.
- D Facility failed to maintain all the exits. The delayed egress doors in the rehab areas required a push button to release to initiate the 15 second delay process.

K043 Keyless Egress

- D Facility failed to provide all magnetically locked doors in the means of egress release with fire alarm activation.

K045 Exit Lighting

- E Facility failed to maintain the emergency lights. One of the shower rooms did not have operational emergency lighting.
- D Facility failed to provide egress lighting to all public ways.

K048 Evacuation Plan

- D Facility failed to provide evacuation procedures for staff and patients.

K052 Testing of Fire Alarm

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

K054 Smoke Detector Maintenance

- F Facility failed to maintain smoke detectors. The smoke detector sensitivity had not been conducted for two years.
- D Facility failed to maintain the fire alarm system. There was not a smoke detector in the top of the elevator shaft.
- D Facility failed to maintain the smoke detectors. The smoke detectors were loose in several areas.

K062 Automatic Sprinkler - Maintenance

- F Facility failed to maintain the sprinkler system. There were several sprinkler escutcheon plates not seated properly around the sprinkler.
- F Facility failed to maintain the automatic sprinkler system. No main drain test was performed on the system and several of the sprinkler heads had paint on them.
- F Facility failed to maintain the automatic sprinkler system. The fire department connection did not have signage and the couplings did not rotate freely. There was no documentation confirming the five-year gauge replacement/calibration had been done.
- E Facility failed to maintain the sprinklers. There were sprinkler heads that were loaded with lint and some had been painted.
- E Facility failed to maintain the sprinkler system. Some of the sprinkler heads had been painted.
- E Facility failed to maintain the sprinkler system. A escutcheon plate was missing from around the sprinkler in several areas. There was storage within 18 inches of the sprinkler head in several areas.
- E Facility failed to maintain the sprinkler system. Flex conduit and wires were draped on the sprinkler pipe in the front dining hall.
- D Facility failed to maintain the automatic sprinkler system. The drive through canopy had corroded sprinkler heads.
- D Facility failed to maintain the sprinkler system. There was no sprinkler coverage inside the walk-in cooler or inside the walk-in freezer.
- D Facility failed to maintain the sprinkler system There were several sprinkler heads that were corroded.

K063 Automatic Sprinkler - Water Supply

- F Facility failed to ensure automatic sprinkler system had an adequate and reliable water supply.

K064 Portable Fire Extinguishers

- E Facility failed to comply with the maintenance requirements. One of the portable fire extinguishers failed to have annual inspections.
- D Facility failed to maintain the fire extinguishers. One of the extinguishers in the hallway was blocked with a chair.

K066 Smoking Regulations

- D Facility failed to maintain required components of the smoking area. The self-closing lid on the red metal cigarette ash can was not closing properly.
- D Facility failed to maintain the smoke area. The cigarette filters were disposed outside in the garbage can and on the ground around the patient smoking area.

K067 Ventilating Equipment

- D Facility failed to maintain exhaust in soiled areas.
- D Facility failed to maintain the fire dampers.

K069 Commercial Cooking Equip. Meets Requirements

- F Facility failed to ensure dietary staff were familiar with hood suppression operation and the class K extinguisher had proper signage.
- D Facility failed to maintain the hood suppression system. The shelf above the stove was obstructing the hood suppression system.
- D Facility failed to properly train the kitchen staff in the proper fire safety. The staff was not familiar in how to manually activate the kitchen hood's fire suppression system.
- D Facility failed to ensure gas commercial cooking equipment is installed correctly and staff is knowledgeable with the suppression system.

K072 Furnishings and Decorations

- D Facility failed to maintain the emergency exits. Two of the emergency exit sidewalks was obstructed by a pergola.

K076 Nonflammable Medical Gas Systems

- D Facility failed to protect the oxygen storage room. The required five feet separation distance from combustible material was not maintained.
- D Facility failed to maintain the oxygen storage. There was oxygen stored within five feet of combustible materials.
- D Facility failed to ensure medical gases were stored properly.

K104 Penetration of Smoke Barriers

- D Facility failed to conduct four-year fire damper inspection.

K130 Other LSC Deficiency Not On 2786

- F Facility failed to maintain the fire doors. There were several doors that had the fire labels painted over.
- F Facility failed to maintain the fire doors. Some of the doors were not closing to a positive latch.
- E Facility failed to maintain the fire doors. The fire rating panels on some of the doors had been painted.
- D Facility failed to comply with the life safety code as required. There were multiple fire doors which had painted labels.
- D Facility failed to comply with the required life safety and building code regulations. There were two rolling dietary carts obstructing the fire doors.
- D Facility failed to comply with the required life safety and building code regulations. There were untested fire dampers in the facility.
- D Facility failed to maintain fire safety components and assemblies. The facility failed to conduct annual fire door inspections.
- D Facility failed to comply with the required life safety and building code regulations. The fire rated doors on the 300 wing had painted labels.
- D Facility failed to provide a reasonable degree of occupant safety. There were sliding locks installed on the patient room closets in several areas.
- D Facility failed to maintain the fire/smoke wall. There were multiple penetrations in the fire wall that had not been sealed.
- D Facility failed to maintain all fire rated doors. One of the doors was not provided with floor strikes for the lower latch to engage.

K144 Generators

- F Facility failed to run the generator for 30 minutes under load each month.
- D Facility failed to maintain the emergency generators. There was no record of the annual load bank testing of the emergency generators.
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- D Facility failed to conduct monthly load test on the emergency generator for several months.
- D Facility failed to maintain the generator. The generator was not secured to the concrete pad.

K147 Electrical Wiring and Equipment

- E Facility failed to maintain the electrical system. The facility had not notified the Life safety surveyor of the use of power strips in the facility.
- D Facility failed to maintain the electrical system. Unapproved plug adapters were being utilized in the facility.
- D Facility failed to maintain the electrical system. A bed was plugged into a non-approved surge protector.
- D Facility failed to maintain the electrical system. A residential style extension cord was being used for a TV in a patient room.
- D Facility failed to maintain electrical equipment. There were unapproved power strip adapters in multiple patient rooms.
- D Facility failed to maintain the electrical system. The facility failed to notify the safety surveyors of the use of power strips in the facility.

K154 Sprinkler System Out of Service

- D Facility failed to provide procedures for reporting fire sprinkler outages and providing the watches as required.

K155 Fire Alarm System Out of Service

- D Facility failed to provide procedures for reporting fire alarm outages and providing watches.

N003 Special Circumstances

Facility failed to document the date and time of the request for admission on 12 applicants on the waiting list.

Facility failed to maintain a waiting list that included the race of the applicants for admission.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to provide written procedures for staff after an earthquake.

Facility failed to exercise earthquake procedure plans annually.

Facility failed to conduct the required earthquake disaster preparedness drill.

Facility failed to conduct tornado/severe weather drills annually.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to exercise bomb threat disaster procedures annually.

Facility failed to exercise bomb threat drills annually.

N1415 Disaster Preparedness; Emergency Plans

Facility failed to orient the staff with the location of an available copy of the emergency disaster policies.

N1418 Disaster Preparedness; Emergency Plans

Facility failed to participate in disaster planning or drills with the local emergency management agency.

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.

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 by six CNAs and one nurse. Hand hygiene was not performed correctly. This was a type C pending penalty.

Facility failed to ensure practices to prevent the potential spread of infection and cross-contamination were maintained as evidenced by failure to ensure the use of appropriate contact precautions during suspect cases of and prophylactic treatment for scabies. Facility failed to track the rashes and treatments for scabies in the monthly infection control surveillance program and failure of one nurse to clean reusable medical equipment during medication administration. This was a type C pending penalty.

N645 Nursing Services

Facility failed to ensure practices to prevent the potential spread of infection were maintained by one staff member during dining and one LPN during medication administration. This was a type C pending penalty.

N717 Pharmaceutical Services; Locked Cabinet and Drug Rooms

Facility failed to complete a comprehensive assessment for one patient. This was a type C pending penalty.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure medications were properly stored when one storage area was unsecured and one nurse left the medications unattended.

N729 Pharmaceutical Services

Facility failed to ensure medications were properly stored as evidenced by one RN observed during medication administration left a medication cup filled with medications unattended. This was a type C pending penalty.

Facility failed to ensure medications were properly stored as evidenced by one LPN leaving medications unattended and one medication storage area contained open and undated medications. This was a type C pending penalty.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was prepared and served under sanitary conditions as evidenced by black sticky buildup on a skillet, expired food and staff members observed in the kitchen with hair not completely covered on two days of the survey. This is a type C pending penalty.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by dietary staff not performing hand hygiene. A dirty pair of gloves were found lying near the tray line, dented cans in the emergency food supply and a dirty ice machine. This was a type C pending penalty.

Facility failed to ensure food was prepared, and served under sanitary conditions as evidenced by staff entering the kitchen with hair not completely covered. This was a type C pending penalty.

Facility failed to ensure food was protected from sources of contamination. There were multiple food items that were stored, opened and with no open date.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by two dented cans found in the food supply. There was also open food items with no open date, build up of a thick, black substance on the range top and a thick brown substance on the oven doors. This was a type C pending penalty.

N767 Food and Dietetic Services; Written Policies and Procedures

Facility failed to ensure food was prepared under sanitary conditions as evidenced by dietary staff observed in the kitchen without having hair properly restrained. 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 and staff entering the kitchen with hair not completely covered. This was a type C pending penalty.

N774 Basic Services; Refrigerators

Facility failed to ensure the food was stored and served under sanitary conditions as evidenced by refrigerator temperatures above 41 degrees F. This was a type C pending penalty.

Facility failed to ensure food was prepared and served under sanitary conditions as evidenced by refrigerator temperatures were out of parameters. This was a type C pending penalty.

N831 Building Standards; Construction

Facility failed to maintain the overall physical environment for the safety of the patients. There were some sagging ceiling tiles.

Facility failed to maintain the overall physical environment. The emergency lighting was not working in two patient rooms and there were four unsealed openings above the ceiling in one area.

N835 Building Standards; Approval of New Construction

Facility failed to obtain approval from the Tennessee Department of Health prior to conversion of a shower room into a storage room.

N843 Building Standards; New Construction and Renovation

Facility failed to install ground fault circuit interrupters (GFCI) in all wet areas.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain the negative and positive air pressure systems in the required rooms.

Facility failed to maintain a negative air pressure in patient bathrooms. Several of the bathroom exhausts were not working.

Facility failed to maintain the correct negative air pressure where required.

Facility failed to maintain the correct positive air pressure where required.

N901 New Code Compliance

Facility failed to comply with applicable building and fire safety regulations. Compressed gas was being stored in a room with no signage.

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

N902 Elimination of Fire Hazards

Facility failed to ensure the fire doors were inspected on an annual basis.