

Survey Deficiency Summary

23 Facilities Surveyed

Surveys Taken 7/11/17 to 8/16/17

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

- D Facility failed to provide notification for a change in health status for one patient.

F159 Management of resident's funds by facility upon written authorization.

- D Facility failed to ensure trust fund balances did not exceed the supplemental security income (SSI) limit in their trust fund for one patient account.

F160 Conveyance of funds upon death.

- D Facility failed to refund one patient's account balance within 30 days of death.
- D Facility failed to refund one patient trust account balance within 30 days of death.

F203 Notice before transfer or discharge.

- D Facility failed to document reasons for transfers for two discharged patients.

F224 Mistreatment, neglect, misappropriation of resident property.

- D Facility failed to prevent misappropriation of medications for one patient. An entire order of Percocet was missing from one medication cart as well as the count sheet.

F225 Facility must not hire person with abuse history.

- D Facility failed to report an allegation of abuse to the state agency within the required time frame.
- D Facility failed to immediately report an allegation of misappropriation for one patient.

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

- G Facility failed to maintain dignity by providing incontinence care for two patients. This failure resulted in psychosocial harm for two patients.

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

- D Facility failed to ensure individual preferences were met for one patient. The patient was diabetic and wanted regular ice cream and not the "no sugar added" ice cream.

F253 Housekeeping & maintenance services.

- D Facility failed to maintain a sanitary and comfortable environment in one patient bathroom.

21-Sep-17

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

- D Facility failed to accurately assess patients for activities of daily living and range of motion for two patients.
- D Facility failed to accurately assess the patient's dental status and diagnosis for two patients.
- D Facility failed to ensure the accuracy of the MDS for behaviors, pressure ulcers, and feeding tube for three patients.
- D Facility failed to conduct an accurate MDS assessment for ADLs for two patients.

F282 Services must be provided by qualified persons.

- D Facility failed to follow the care plan interventions to transfer a patient with a lift and apply assistive devices to a wheelchair for one patient.
- D Facility failed to ensure physician's orders were followed related to oxygen therapy for one patient.
- D Facility failed to implement the ADL comprehensive care plan for restorative services for one patient.
- D Facility failed to ensure staff followed care plan interventions for pressure ulcer treatment and ADL assistance for two patients.
- D Facility failed to implement the hemodialysis comprehensive care plan to address preservation of the dialysis access device for one patient.

F283 Discharge summary includes resident's stay.

- D Facility failed to provide a discharge summary for one patient.

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

- D Facility failed to ensure the nursing staff administered one blood pressure medication after hemodialysis treatments.

F311 Appropriate treatment & services to maintain or improve ADLs.

- D Facility failed to ensure restorative nursing services for ambulation were provided to one patient.

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

- D Facility failed to ensure activities of daily living (ADL) were provided for one patient. Hospice had not documented that a bed bath or a shower was given for several weeks.

F314 Resident does not develop pressure sores.

- G Facility failed to identify a pressure ulcer before it was identified at a Stage 3 for one patient reviewed. This resulted in actual harm for the patient.

F315 Incontinent resident receives appropriate treatment and services.

- D Facility failed to thoroughly assess in order to implement interventions to prevent further decline in continence status for one patient with urinary incontinence.

F323 Accident hazards.

- E Facility failed to ensure the patient's environment remained free from accident hazards as evidenced by an unattended mop bucket with cleanser on two halls, unsecured bleach spray in an unlocked soiled utility rooms and a bottle of body fragrance left at the bedside.
- D Facility failed to ensure the environment was free from accident hazards when two patients had unsecured medical supplies and chemicals stored in their rooms.
- D Facility failed to use an assistive transfer device to prevent a potential accident during a transfer for one patient.
- D Facility failed to ensure medications were secured during the medication pass to prevent a potential accident hazard for one patient. The nurse placed medications in a medication cup and then left them on top of the medication cart while she administered another patient's medications. The cart was unattended.
- D Facility failed to implement interventions for falls for one patient.
- D Facility failed to provide supervision for two patients.

F325 Facility must ensure acceptable parameters of nutritional status.

- D Facility failed to identify, re-weigh, and report weight loss/gains for two patients with weight loss.

F328 Proper treatment & care for specialized services.

- D Facility failed to ensure the physician's orders were followed for the rate of oxygen administered to one patient.

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

- D Facility failed to monitor behaviors for one patient.

F332 Facility medication error rates of 5% or more.

- D Facility failed to ensure one LPN administered medications with a medication error rate of less than 5 percent. The error rate was 10.71 percent.

F333 Residents free of significant medication errors.

- D Facility failed to prevent a significant medication error for one patient. Digoxin was administered after it had been discontinued.
- D Facility failed to ensure on LPN administered medications free of significant medication errors. The LPN failed to hold blood pressure medication for one patient until they returned from dialysis as ordered.

F356 Nurse staffing data

- D Facility failed to accurately reflect the total number of licensed nurses/actual hours working in a direct clinical care capacity on one day of the survey.
- C Facility failed to post daily staffing information.

F364 Food preparation.

- F Facility failed to provide attractive and palatable food for 79 patients when food was served cool and vegetables were overcooked.

F371 Store, prepare, distribute, & serve food.

- F Facility failed to store and served food under sanitary conditions by not discarding expired foods, not separating a can with a dented seam for return to the vendor, not keeping sanitizer in the sanitizer sink at the required level, serving two patients without washing hands in between and feeding chicken to a patient using bare hands.
- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by hair not completely restrained, expired milk, no open dates, dirty deep fat fryer, carbon build up on stove, one dietary staff did not perform hand hygiene during food preparation, one CNA touched food with their bare hands during dining.
- F Facility failed to maintain a sanitary kitchen by failure to ensure covered head and facial hair in the food preparation area, provide thermometers in one freezer, secure opened refrigerated and frozen food, properly store patient dining plates, separate staff and patient food items, maintain clean kitchen equipment and clean cooling fans for one walk-in refrigerator/freezer.
- F Facility dietary department failed to maintain food preparation equipment in a sanitary manner and failed to maintain storage equipment in a sanitary manner.
- E Facility failed to provide a safe, functional and sanitary kitchen environment for six of six air vents observed leaking liquid in the main kitchen.
- E Facility failed to ensure food was served under sanitary conditions by not washing hands in accordance with professional standards by four dietary aides observed during three meal observations.

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

- D Facility failed to provide pharmaceutical services for one patient. Digoxin had been discontinued but had been delivered by the pharmacy.

F431 Labeling of drugs & biologicals.

- D Facility failed to ensure medications were securely locked and inaccessible to patients, unauthorized staff and visitors in one medication storage area.
- D Facility failed to dispose of expired medications on one medication cart.

- D Facility failed to ensure medications were secured and stored correctly in one patient room and in one medication storage area.
- D Facility failed to ensure accurate labeling of medication bottles and safe disposal of medications including expired medications and those of discharged patients in two medication carts. Medications were also left unlocked and unattended on one hall.
- D Facility failed to dispose of expired medications in two medication carts.

F441 Investigates, controls/prevents infections.

- E Facility failed to ensure measures to prevent the potential spread of infection were followed when two biohazard storage rooms observed had soiled gloves lying on the floor and one RN failed to properly perform hand hygiene.
- E Facility failed to ensure practices to prevent the potential spread of infection were followed when the facility failed to follow policy and procedures in accordance with OSHA guidelines for health screenings for health care workers for four nursing assistants.
- D Facility failed to ensure practices to prevent the potential spread of infection were followed when used urinals were stored unlabeled three patient bathrooms.

F456 Sufficient space & equipment maintenance.

- E Facility failed to ensure essential kitchen equipment, the walk-in refrigerator and the cook stove, were maintained in a safe and operational fashion.

F514 Criteria for clinical records.

- D Facility failed to ensure medical records were accurate and complete related to wound care and skin assessments for two patients.

K111 Building Rehabilitation

- D Facility failed to maintain fire doors and fire barrier walls in the two hour fire barrier for separation of a nonconforming building.

K200 Means of Egress Requirements

- F Facility failed to identify doors that are likely to be mistaken for an exit with No Exit signage.
- D Facility failed to maintain the emergency means of egress.

K211 Alcohol Based Hand Rub Dispensers

- D Facility failed to maintain exit hallways. The path of egress to the exit door in the hallway between the kitchen and laundry area was obstructed by six linen carts, a maintenance work cart, two ice coolers and a food tray cart.

K293 Exit Signage

- D Facility failed to provide exit signs to indicate the direction of egress per the requirements of NFPA 101. The interior courtyard failed to have exit signage indicating the direction of egress.

K321 Hazardous Areas; Enclosure

- F Facility failed to maintain the hazardous areas. There were penetrations in the walls of the outside laundry area.
- E Facility failed to maintain hazardous areas. There were some unsealed penetrations in the fire wall.
- D Facility failed to maintain hazardous areas. The one hour rated gas fueled dining area A/C room had a hole in the wall.
- D Facility failed to maintain hazardous areas. There were penetrations in the fire wall.

K324 Cooking Facilities

- D Facility failed to protect the cooking facilities. A shelf installed on the gas cooktop stove was obstructing the hood suppression system.
- D Facility failed to protect the cooking equipment. The kitchen hood ansul system pull station was obstructed by a cart.

K325 Alcohol Based Hand Rub Dispenser

- F Facility failed to ensure alcohol based hand rub dispensers (ABHD) are not located over an ignition source.

K341 Fire Alarm System; Installation

- F Facility failed to provide a properly protected fire alarm control panel (FACP).

K345 Fire Alarm System; Testing and Maintenance

- D Facility failed to provide documentation of any fire alarm sensitivity testing records.

K351 Sprinkler System; Installation

- D Facility failed to install components of the sprinkler system as required.

K353 Sprinkler System; Testing and Maintenance

- F Facility failed to maintain the sprinkler system. There was rust and corrosion on several sprinkler heads.
- D Facility failed to maintain the sprinkler system. There were sprinkler escutcheons missing in several locations.
- D Facility failed to maintain the sprinkler system.

- D Facility failed to maintain the sprinkler system. There was physical damage to the post indicator valve.
- D Facility failed to maintain the sprinkler system. The central supply closet had only five spare sprinklers in the supply cabinet.
- D Facility failed to maintain the automatic sprinkler system.

K355 Portable Fire Extinguishers

- E Facility failed to maintain portable fire extinguishers per the requirements of NFPA 101. There was not documentation of a 5-year hydrostatic test.
- D Facility failed to maintain clearance around the fire extinguishers. There was a cart in front of one type K fire extinguisher.
- D Facility failed to maintain the fire extinguishers. There was an unsecured fire extinguisher sitting on the floor in the activity hall area.

K363 Corridor - Doors

- D Facility failed to maintain the corridor doors. There were penetrations in the wall.

K364 Corridor - Openings

- D Facility failed to maintain openings in the corridors.

K371 Subdivision of Building Spaces = Smoke Compartments

- D Facility failed to maintain the subdivision of building spaces. The one-hour fire/smoke wall had been breached with penetrations.

K372 Subdivision of Building Spaces; Smoke Barriers

- E Facility failed to maintain smoke barrier walls. There were penetrations in the smoke barriers.
- D Facility failed to maintain the smoke barriers. There were several unsealed penetrations in the fire walls.

K374 Subdivision of Building Spaces - Smoke Barrier

- E Facility failed to maintain the smoke barrier doors. One of the doors did not close completely to resist the passage of smoke.

K511 Utilities - Gas and Electric

- D Facility failed to maintain electrical panel clearance. There was a hoist lift in front of the panel.

K521 HVAC

- F Facility failed to maintain the fire dampers.

- D Facility failed to maintain the fire dampers. There was no documentation of the four-year fire damper inspection.

K712 Fire Drills

- D Facility failed to ensure all staff were familiar with the fire plan and could demonstrate the fire plan procedures during fire drills.
- D Facility failed to conduct all required fire drills.
- D Facility failed to conduct all required fire drills.

K741 Smoking Regulations

- D Facility failed to maintain the smoking areas. There were cigarette filters disposed on the ground all over areas of the memory care courtyard which was labeled as a non-smoking area.

K914 Electrical System; Maintenance and Testing

- D Facility failed to maintain the electrical systems. There was no annual tension test on the patient room electrical receptacles.

K918 Electrical Systems - Essential Electric System Maintenance and Testing

- D Facility failed to provide complete records for the annual load bank test on the emergency generator.

K920 Electrical Equipment; Power Cords and Extension Cords

- F Facility failed to ensure power strips were listed for their use.
- E Facility failed to provide power strips in patient care areas for patient-care-related electrical equipment that meet UL 1363A or UL 60601-01.
- D Facility failed to comply with power cord and extension cord regulations. There were unapproved power strips "daisy chained" in the communication closet.

K923 Gas Equipment - Cylinder and Container Storage Container Storage

- F Facility failed to maintain oxygen storage areas. The main oxygen storage room was not provided with required signage.
- E Facility failed to maintain the oxygen cylinders. The facility did not separate empty oxygen bottles from full oxygen bottles.
- D Facility failed to maintain the oxygen cylinders. The area designated for empty oxygen cylinders did not have a rack for securing empty cylinders.
- D Facility failed to maintain the oxygen cylinders. There were six full oxygen tanks and six empty oxygen tanks not segregated in the oxygen storage area on one hall.
- D Facility failed to maintain the outside oxygen storage. The outside storage area did not have the required signage.

- D Facility failed to maintain oxygen storage areas. There were combustibles within 5 feet and did not have the required signage on the corridor door.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to conduct all required disaster drills.

Facility failed to conduct disaster drills for all staff. Only 20 employees were trained on the tornado drill and there were over 150 staff members employed. The annual earthquake drill and flood drill was not done.

Facility failed to exercise an earthquake drill annually.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to conduct the required bomb threat drill.

N1501 Nurse Aide Training

Facility failed to provide textbooks free of charge to nurse aide (NA) trainees employed by the facility.

N415 Administration; Resident Funds

Facility failed to document Hepatitis B vaccination acceptance or declination for one employee.

N645 Nursing Services

Facility failed to ensure the environment was free from accident hazards when on patient had unsecured chemicals stored in their room.

Facility failed to ensure the patient's environment remained free from accident hazards as evidenced by an unattended mop bucket with cleanser on two halls, unsecured bleach spray in an unlocked soiled utility room and a bottle of body fragrance left at the bedside.

N727 Pharmaceutical Services

Facility failed to ensure medications were secured and stored correctly in one patient room.

N729 Pharmaceutical Services

Facility failed to ensure medications were securely locked and inaccessible to patients, unauthorized staff and visitors in one medication cart.

Facility failed to ensure accurate labeling of medication bottles and safe disposal of medications including expired medications and those of discharged patients in two medication carts. Medications were also left unlocked and unattended on one hall.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to store and served food under sanitary conditions by not discarding expired foods, not separating a can with a dented seam for return to the vendor, not keeping sanitizer in the sanitizer sink at the required level, serving two patients without washing hands in between and feeding chicken to a patient using bare hands.

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by hair not completely restrained, expired milk, no open dates, dirty deep fat fryer, carbon build up on stove, one dietary staff did not perform hand hygiene during food preparation, one CNA touched food with their bare hands during dining.

Facility failed to ensure food was served under sanitary conditions by not washing hands in accordance with professional standards by four dietary aides observed during three meal observations.

N831 Building Standards

Facility failed to maintain the physical plant. There were penetrations in the fire wall.

Facility failed to maintain the overall physical environment. There were penetrations in the closet walls.

Facility failed to maintain the physical plant. There were painted labels on several of the rated fire doors.

Facility failed to maintain the physical plant. There were multiple penetrations in the fire wall.

Facility failed to maintain the electrical system. There were multiple non-approved power strips being used in the facility.

N835 Building Standards; Approval of New Construction

Facility installed magnetic locking hardware on the gate from the courtyard without approval from the Tennessee Department of Health.

N843 Building Standards; New Construction and Renovation

Facility failed to provide ground fault circuit interrupter (GFCI) in all wet areas.