

Survey Deficiency Summary

33 Facilities Surveyed

Surveys Taken 2/1/18 to 4/11/18

E009 Local, Tribal Collaboration Process

- C Facility failed to include policies and procedures for cooperation and collaboration with emergency officials in the emergency preparedness program.

E015 Subsistence for Staff and Patients

- C Facility failed to include all policies and procedures for the subsistence needs of patients and staff in the emergency preparedness program.

E020 Policies for Evac and Primary/Alt. Comm.

- C Facility failed to develop policies and procedures for the safe evacuation of patients.

E022 Policies/Procedures for Sheltering in Place

- C Facility failed to include policies and procedures for sheltering in place in the emergency preparedness program.

E029 Development of Communications Plan

- C Facility failed to provide policies and procedures for providing alternative communication methods in the event of a loss of normal communications per the requirements of Federal CFR 483.475(c)(3).

E030 Names and Contact Information

- C Facility failed to include a contact list with contact information in the communication plan.

E031 Emergency Officials Contact Information

- C Facility failed to develop policies and procedures for the sharing of medical information for patients.

E033 Methods for Sharing Information

- C Facility failed to develop policies and procedures for the sharing of medical information for patients.

E035 LTC and ICF/IID Sharing Plan with Patients

- C Facility failed to develop communication policies and procedures that comply with the federal, state and local laws.

18-May-18

E036 EP Training and Testing

- C Facility failed to develop emergency preparedness training and testing that is based on the emergency plan.

E039 EP Testing Requirements

- C Facility failed to conduct exercises to test the emergency plan at least annually per the requirements.

E041 Hospital CAH and LTC Emergency Power

- C Facility failed to provide emergency power to safely shelter patients in place. The facility did not provide information if the facilities generator would supply heating and cooling to be able to shelter the patients in place.

F373 Paid Feeding Assistants

- D Facility failed to ensure a significant change in status assessment was completed and completed timely related to hospice services for two patients.

F435 Store controlled drugs in separately locked, permanently affixed compartments.**F550 Resident Rights/Exercise of Rights**

- E Facility failed to maintain patient's dignity when three CNAs and the staffing coordinator were observed standing to feed patients during dining, failed to provide privacy for two patients and staff members failed to knock on patient room doors for permission to enter.
- D Facility failed to promote a patient's dignity while providing personal care. A CNA failed to cover a patient while providing personal care.
- D Facility failed to maintain or enhance patient dignity, respect and ensure privacy when the LPN administered insulin to the patient in view of others.
- D Facility failed to maintain or enhance patient dignity and respect when three CNAs and one staff member failed to knock before entering a patient room.
- D Facility failed to maintain dignity for five patients. It took staff 45 minutes to an hour to answer calls lights requesting to go to the bathroom.

F558 Reasonable Accommodations of Needs/Preferences

- D Facility failed to answer the call light in a timely manner for two patients.

F561 Self Determination

- D Facility failed to honor a patient's request related to bathing for one patient.

F576 Right to Forms of Communications with Privacy

D

D Facility failed to ensure that mail was delivered unopened to one patient.

F577 Right to Survey Results/Advocate Agency Info

D Facility failed to ensure the recent survey results were readily accessible for all patients residing in the facility.

F578 Request/Refuse/Discontinue Treatment;Formulate Adv Directives

E Facility failed to have a signed physician orders for scope of treatment form for five patients. The POST form had been filled out and was in the chart of the patients, however, none had been signed by a physician.

F580 Notify of Changes (Injury/Decline/Room, Etc.)

D Facility failed to notify the physician for one patient reviewed for unnecessary medication use.

F582 Medicaid/Medicare Coverage/Liability Notice

D Facility failed to provide notice of Medicare non-coverage to two patients reviewed for changes.

F583 Personal Privacy/Confidentiality of Records

D Facility failed to ensure privacy without interruptions when two staff members entered a patient room without knocking.

D

D Facility failed to maintain personal privacy and confidentiality of a medical record for one patient.

F584 Safe/Clean/Comfortable/Homelike Environment

D Facility failed to ensure over the bed tables were clean in three patient rooms and failed to ensure bathroom nightlight covers were clean in seven rooms.

F600 Free from Abuse and Neglect

J Facility failed to prevent potential abuse and implement corrective actions for an injury of unknown origin resulting in a fracture for one patient. This failure placed the patients' safety at risk as well as the potential risk for other patients resulting in immediate jeopardy. This was also a substandard quality of care citation.

The patient sustained an ankle fracture from an unknown incident. It was not reported to the state and was not investigated.

E Facility failed to ensure four secure unit patients were free from abuse.

- D Facility failed to ensure one patient was free from abuse. A patient exhibited behaviors of refusing care, yelling at staff, and was combative with the staff.
- D Facility failed to prevent abuse for one patient. One confused patient slapped another patient.

F602 Free from Misappropriation/Exploitation

- J Facility failed to prevent the misappropriation and tampering of a narcotic for one patient. This failure resulted in immediate jeopardy to the patient. This was also a substandard quality of care.
Liquid morphine was tampered with and replaced by a substance which smelled like cough syrup for two patients with morphine prescriptions.

F607 Develop/Implement Abuse/Neglect, etc. Policies

- D Facility failed to develop and implement written policies and procedures to identify when, how, and by whom determinations of capacity to consent to a sexual contact would be made and where it would be documented. Facility failed to conduct an evaluation to make the determination of whether sexual activity was consensual for two patients.

F609 Reporting of Alleged Violations

- E Facility failed to ensure all alleged violations involving abuse were reported to Adult Protective Services in accordance with state law and were reported to the ombudsman in accordance with facility policy for eight patients.
- D Facility failed to ensure staff followed the abuse policy when one patient made abuse allegations which were not reported to the state agency.
- D Facility failed to report to the state agency allegations of abuse to include an injury of unknown origin for one patient.
- D Facility failed to report an injury of unknown origin within the two-hour time frame as required.
- D Facility failed to report abuse allegations to the State agency timely for two patients.
- D Facility failed to report an injury of unknown origin for one patient.

F610 Investigate/Prevent/Correct Alleged Violation

- L Facility failed to conduct a thorough investigation for nine abuse allegations which placed patients in immediate jeopardy. This was also a substandard quality of care citation.
- D Facility failed to ensure a thorough investigation for an allegation of neglect was completed for one patient.
- D Facility failed to investigate an injury of unknown origin for one patient.
- D Facility failed to investigate an injury of unknown origin for one patient.

F623 Notice Requirements Before Transfer/Discharge

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- E Facility failed to provide timely notice to the Ombudsman of transfer or discharge for four patients.

F625 Notice of Bed Hold Policy Before/Upon Transfer

- E Facility failed to provide a bed hold notice for transfer or discharge for three patients discharged to the hospital.
- E

F636 Comprehensive Assessment & Timing

- D Facility failed to complete patient assessments within the required timeframe for six patients.
- D Facility failed to accurately complete a MDS assessment for one patient.

F640 Encoding/Transmitting Resident Assessments

- D Facility failed to transmit patient assessments within the required timeframe for six patients.

F641 Accuracy of Assessments

- D Facility failed to accurately assess patients for Range of Motion, medications and diagnoses for three patients.

F655 Baseline Care Plan

- D Facility failed to provide an admission care plan that included risk for falls for one patient.
- D Facility failed to develop a baseline care plan to address the care and treatment of an indwelling urinary catheter for one patient.

F656 Develop/Implement Comprehensive Care Plan

- D Facility failed to develop a comprehensive plan of care for range of motion, and the use of antipsychotic and antidepressant medications for two patients.
- D Facility failed to develop a care plan for the use of isolation precautions and for an indwelling catheter for two patients.
- D Facility had failed to develop a comprehensive care plan for use of antipsychotic medication management for one patient.

F657 Care Plan Timing and Revision

- D Facility failed to revise the care plan to reflect the patient's current status for dialysis.
- D Facility failed to ensure each patient was involved in developing the care plan and making decisions about his or her care.
- D Facility failed to revise a comprehensive care plan for one patient.
- D Facility failed to update a care plan.

F658 Services Provided Meet Professional Standards

- D Facility failed to meet the professional standards of quality. Urinary output amounts were not monitored for patients with indwelling catheters.
- D Facility failed to follow professional standards of practice for one patient by dispensing a narcotic medication to a patient upon discharge from the facility without an physician order to do so.

F659 Notice and Conveyance of Personal Funds

- G Facility failed to follow the plan of care for one patient. This failure to follow the plan of care for transfers resulted in actual harm to the patient.
- D Facility failed to ensure the care plan interventions were followed for pressure ulcer assessments for one patient.

F679 Activities Meet Interest/Needs of Each Resident

- D Facility failed to ensure the facility had an ongoing patient-centered activities program on one unit.

F684 Quality of Care

- D Facility failed to obtain a physician's order for an indwelling urinary catheter for one patient.

F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers

- D Facility failed to ensure care plan interventions were followed for pressure ulcer assessments for one patient.

F689 Free of Accident Hazards/Supervision/Devices

- G Facility failed to ensure on patient was kept safe from falls by contracted staff caring for the patients. The hospice nurse did a one-person transfer instead of a two-person. The patient slid down the leg of the nurse to the floor.
- D Facility failed to ensure post fall risk assessments were completed according to facility policy for one patient.
- D Facility failed to ensure the environment was free from accident hazards as evidenced by the presence of nail clipper, scissors, alcohol pads and aerosol cans in two patient rooms.
- D Facility failed to implement falls interventions for one patient.
- D Facility failed to provide new interventions after a fall for one patient.

F690 Bowel/Bladder Incontinence Catheter, UTI

- D Facility failed to ensure services were provided as ordered for the care of an indwelling urinary catheter for one patient.
- D Facility failed to provide care and services to maintain an indwelling urinary catheter when nursing staff failed to keep the drainage bag off the floor for two patients.

D Facility failed to ensure incontinence risk assessments were completed for four patients.

F693 Tube Feeding Management/Restore Eating Skills

D Facility failed to ensure management of a tube feeding was performed by qualified personnel for one patient.

D Facility failed to follow physician's orders for a tube feeding for one patient.

F695 Respiratory/Tracheostomy care and Suctioning

D Facility failed to provide proper respiratory care for one patient observed with a tracheostomy.

D Facility failed to provide appropriate oxygen therapy for one patient.

D Facility failed to provide the necessary care and services to ensure oxygen therapy was administered as ordered for two patients.

F725 Sufficient Nursing Staff

D Facility failed to maintain adequate staff levels to meet the care needs of dependent patients residing on three halls.

F741 Sufficient/Competent Staff-Behav Health Needs

E Facility failed to maintain sufficient staffing levels to assure patient safety and to maintain the highest practicable state of physical, mental, and psychosocial well-being for six patients.

F759 Free from Medication Error Rates of 5% or More

E Facility failed to ensure two LPNs administered medications with a medication error rate of less than 5 percent. The error rate was 7.69 percent.

D Facility failed to correctly administer medication for two patients resulting in a greater than 5 percent medication error rate.

F760 Residents Are Free of Significant Med Errors

E Facility failed to ensure two LPNs administered medications free of significant medication errors. Insulin was not administered timely in relation to food consumption.

D Facility failed to ensure one patient was free of a significant medication error.

F761 Label/Store Drugs & Biologics

D Facility failed to properly label and date an open multi-dose vial in the medication storage room to prevent microbiological contamination for one medication storage area.

D Facility failed to properly store biohazard labeled substance in the medication storage room to prevent microbiological contamination for one patient. A urine specimen had been placed in the medication refrigerator.

- D Facility failed to ensure medications were stored securely and safely as evidenced by unattended medications in one patient room.
- D Facility failed to properly store medications for one medication cart inventoried. An unlabeled medication cup containing five unidentified tablets and capsules in one of the drawers of the medication cart.
- D Facility failed to store medication in a locked and safe manner for one patient.

F801 Qualified Dietary Staff

- F Facility failed to ensure the RD provided oversight of the kitchen when food was not prepared and served under sanitary conditions as evidenced by inappropriate tray line serving temperatures.

F806 Resident Allergies, Preferences and Substitutions

- D Facility failed to ensure food alternatives were offered for three patient interviewed.

F812 Food Procurement Store/Prepare/Serve - Sanitary

- F Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by improper storage of food in a cooler, expired food products and a dirty deep fat fryer.
- F Facility failed to perform hand hygiene during the meal pass for two LPNs and the DON. Facility failed to ensure opened foods were labeled and dated and failed to ensure hair was restrained in the food preparation area.
- F Facility staff members failed to distribute and serve food and beverages in a sanitary manner during dining and the facility failed to ensure food was prepared and served under sanitary conditions as evidenced by inappropriate tray line serving temperatures.
- D Facility failed to ensure food was prepared and distributed under sanitary conditions as evidenced by four staff with uncovered hair, dusty and dirty lower shelves under the preparation tables, and a cook carried a spoon in use under her arm.

F814 Dispose Garbage & Refuse Properly

- D Facility failed to ensure proper disposal of garbage when five dumpsters were not closed and garbage was stored outside the dumpster on the ground.

F835 Administration

- L Facility administrator failed to ensure facility reported incidents of alleged abuse were thoroughly and completely investigated for nine patients.
- E Facility failed to ensure the facility was administered in a manner to effectively maintain the highest practicable physical, mental and psychosocial well-being for the patients.

F837 Governing Body

- L Facility governing body failed to oversee the safety and protection of patients by failing to prevent and thoroughly investigate nine of 11 allegations regarding injury of unknown origin, misappropriation of narcotic medications and allegations of verbal and physical abuse for 10 patients. This failure resulted in immediate jeopardy.

F842 Resident Records - Identifiable Information

- E Facility failed to ensure the medical records were complete with possible abuse incidents, including the outcome and impact of the incidents to the patients involved and actions taken in response to the incidents.
- D Facility failed to maintain complete and accurate medical records for one patient.
- D Facility failed to maintain accurate medical records for one patient.

F867 QAPI/QAA Improvement Activities

- L Facility quality assurance performance improvement (QAPI) committee failed to identify deficient practices for investigating allegations of abuse which resulted in immediate jeopardy.
- E Facility failed to develop and implement plans of action to correct patient behaviors on one unit.

F880 Infection Prevention & Control

- F Facility failed to follow infection control practice for hand hygiene during an ice pass for eight patients and failed to implement an action plan after identifying a trend of conjunctivitis during the facility's monthly infection control surveillance.
- E Facility failed to ensure measures to prevent the potential spread of infection were followed for LPNs, CNAs, housekeepers and 17 companion caregivers. There was not documentation that a physical had been completed to rule out communicable disease for four of five newly hired employees as well as the activity director and 17 other facility staff.
- D Facility failed to ensure one LPN followed practices to prevent the potential spread of infection during medication administration.
- D Facility failed to ensure practices were followed to prevent the potential spread of infection when one LPN failed to perform hand hygiene during medication administration.
- D Facility failed to ensure two licensed nurses followed infection control measures to prevent the potential spread of infection and cross-contamination while performing blood glucose monitoring and wound care.
- D Facility CNAs failed to ensure infection control practices were followed to prevent the spread of infection for suprapubic catheter care.
- D Facility failed to ensure staff disinfected the hands after passing meal trays and tray set up for three patients in the dining room.
- D Facility failed to follow the facility's policy for infection control for isolation for one patient.

F881 Antibiotic Stewardship Program

E Facility failed to implement an antibiotic stewardship program.

K211 Alcohol Based Hand Rub Dispensers

D Facility failed to properly install exit signage.

D Facility failed to maintain the means of egress. There was a light fixture projecting lower than 6 feet 8 inches into the means of egress in the dining room.

K232 Aisle, Corridor or Ramp Width

E Facility failed to maintain clear corridors.

K254 Corridor Access

D Facility failed to maintain the corridor access. There were linen carts and PTAC units stored in the service corridor.

K271 Discharge from Exits

D Facility failed to ensure the exit discharge paths were maintained. There was a change in elevation greater than 1/4 of an inch in the sidewalk and was holding water.

K291 Emergency Lighting

D Facility failed to maintain the emergency lighting. The facility could not provide documentation of emergency light testing for 30 seconds each month.

K311 Vertical Openings - Enclosure

D Facility failed to provide periodic state inspections.

K321 Hazardous Areas; Enclosure

D Facility failed to maintain hazardous areas. The door to the soiled linen room would not close to a positive latch.

D Facility failed to protect the hazardous areas. The dry good storage room did not have a door.

D Facility failed to maintain the hazardous areas. There were penetrations in the fire rated ceilings.

D Facility failed to protect the hazardous areas. There was a hole in the ceiling of the serviced hall medical records storage room.

D Facility failed to protect the hazardous areas. The door to the food storage room did not self-close within the frame.

K324 Cooking Facilities

D Facility failed to protect the cooking facilities. The semi-annual hood suppression system inspection had not been done for the second half of 2017.

- D Facility failed to maintain the kitchen in accordance with NFPA 96. The deep fryer was not centered under the hood.
- D Facility failed to maintain the cooking equipment in accordance with NFPA 96. The deep fryer was not centered under the hood suppression system.

K341 Fire Alarm System; Installation

- F Facility failed to have magnetically locked release with fire alarm activation.

K343 Fire Alarm System - Notification

- F Facility failed to maintain the fire alarm notification.

K345 Fire Alarm System; Testing and Maintenance

- D Facility failed to provide complete fire alarm testing records. The facility could not provide documentation that a sensitivity test had been conducted since 2015.
- D Facility failed to maintain the fire alarm system. There was no documentation of a biennial smoke detector sensitivity test.
- D Facility failed to maintain the fire alarm.

K351 Sprinkler System; Installation

- D Facility failed to ensure that the sprinkler spray patterns are not obstructed. One of the sprinklers in one closet was obstructed by a 2x4 that is attached to the top of the closet.
- D Facility failed to install sprinklers where required. The west hall smoking canopy was not sprinklered within 36 inches of its highest point.
- D Facility failed to maintain the sprinkler system.

K353 Sprinkler System; Testing and Maintenance

- E Facility failed to maintain the automatic sprinkler system. The gauges needed to be replaced or recalibrated as per the requirement of every five years.
- D Facility failed to maintain the sprinkler system. Two pressure gauge inspection reports had expired. And the backflow preventor in the basement was defective.
- D Facility failed to maintain the sprinkler system. There were multiple sprinkler heads that were loaded with dust.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in several areas.
- D Facility failed to maintain the sprinkler system. The facility had no quarterly sprinkler inspections documented in 2017.
- D Facility failed to maintain the sprinkler system in accordance with NFPA 25. There were corroded and bent sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system.

- D Facility failed to ensure staff disinfected the hands after passing meal trays and tray set up for three patients.
- D Facility failed to maintain the sprinkler system in accordance with NFPA 25. There were several painted sprinkler heads.

K355 Portable Fire Extinguishers

- D Facility failed to install fire extinguishers that were not obscured from view.
- D Facility failed to provide portable fire extinguishers. The fire extinguisher cabinet did not have a fire extinguisher in it.

K361 Corridors - Areas Open to Corridor

- D Facility failed to maintain areas open to the corridor.

K363 Corridor - Doors

- D Facility failed to maintain the corridor doors. The doors would not close to a positive latch.
- D Facility failed to maintain the corridor doors. The corridor door leading to dietary services would not close and latch.
- D Facility failed to maintain the corridor doors.
- D Facility failed to maintain their corridor doors.

K372 Subdivision of Building Spaces; Smoke Barriers

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

K374 Subdivision of Building Spaces - Smoke Barrie

- D Facility failed to maintain cross corridor doors with hold open devices. A computer stand was blocking one door and prevented the doors from self-closing.
- D Facility failed to provide smoke barrier doors that could resist the passage of smoke. The smoke barrier doors had open holes in the door from previous hardware that had been relocated or altered.

K511 Utilities - Gas and Electric

- D Facility failed to maintain the utilities. The emergency lighting fixture was loose from the wall in the corridor outside of one room.

- D Facility failed to maintain the utilities. Extension cords spliced and used as power cords for two electrical appliances attached to boiler water piping in the west hall outside the boiler room.
- D Facility failed to maintain their gas powered equipment in accordance with NFPA 54. There were gas-powered cooking appliances on casters which were not tethered to the wall.

K521 HVAC

- F Facility failed to conduct fire damper maintenance.
- D Facility failed to maintain the fire dampers.
- D Facility failed to maintain the HVAC systems. There was no 4-year HVAC fire damper inspection.

K712 Fire Drills

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

K761

- D Facility failed to inspect, test and maintain doors.

K781 Portable Space Heaters

- D Facility failed to prohibit portable space heaters.

K911 Electrical Systems - Other

- D Facility failed to maintain the electrical system. There were unsecured junction boxes in several locations.

K914 Electrical System; Maintenance and Testing

- D Facility failed to maintain the electrical systems. The annual tension test on patient room electrical receptacles had not been done.

K918 Electrical Systems - Essential Electric System Maintenance and Testing

- D Facility failed to maintain the generator. There was no documentation of the annual load bank test for the diesel generator.
- D Facility failed to maintain the emergency power generation systems.
- D Facility failed to maintain the emergency lighting.

K920 Electrical Equipment; Power Cords and Extension Cords

- D Facility failed to comply with power cord and extension cord regulations.
- D Facility failed to maintain electrical equipment. There were unapproved power strips and extension cords being used in the facility.
- D Facility failed to properly use power strips and extension cords in patient areas.
- D Facility failed to use power strips listed for use.

K923 Gas Equipment - Cylinder and Container Storage Container Storage

- D Facility failed to identify areas where oxygen was in use and maintain storage of oxygen cylinders.
- D Facility failed to maintain oxygen storage. There were 36 unsecured oxygen cylinders in the oxygen storage room.
Facility failed to provide oxygen storage signage per the requirements of NFPA 101.

K923 Gas Equipment - Cylinder and Container Storage Container Storage

E

N1102 Records and Reports; Recording of Unusual Incidents

- Facility failed to report an allegation of abuse to the state survey agency and investigate an abuse allegation for one patient.
- Facility failed to ensure staff followed the abuse policy when one patient made abuse allegations that were not reported to the state agency.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

- Facility failed to conduct and evaluate all staff during the required disaster drills.
- Facility failed to conduct the required disaster drills for all staff. No earthquake or flood drill had been performed.

N1411 Disaster Preparedness; Fire Safety Drills

- Facility failed to conduct a bomb threat drill in 2017.
- Facility failed to conduct a bomb threat disaster preparedness training.
- Facility failed to conduct a bomb threat drill for all staff.

N1418 Disaster Preparedness; Emergency Plans

- Facility failed to provide documentation showing the communication with the County Emergency Management Agency.

N507 Admissions, Discharges, and Transfers; Resident Evaluation

Facility failed to ensure patients were reviewed by an interdisciplinary team (IDT) for the appropriateness of admission to the secure unit prior to admission.

N629 Infection Control; Disinfect Contaminated Items

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

N645 Nursing Services

Facility failed to ensure the environment was free from accident hazards as evidenced by the presence of nail clipper, scissors, alcohol pads and aerosol cans in two patient rooms. This was a type C pending penalty.

N669 Nursing Services; Physician Notification

Facility failed to notify the physician for one patient reviewed for unnecessary medication. This was a type C pending penalty.

N727 Pharmaceutical Services

Facility failed to properly label and date an open multi-dose vial to prevent microbiological contamination for one medication storage area.

N729 Pharmaceutical Services

Facility failed to ensure medications were stored securely and safely as evidenced by unattended medications in one patient room. This was a type C pending penalty.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was stored, prepared and served under sanitary conditions as evidenced by improper storage of food in a cooler, expired food products and a dirty deep fat fryer. This was a type C pending penalty.

Facility staff members failed to distribute and serve food and beverages in a sanitary manner during dining. This was a type C pending penalty.

Facility failed to perform hand hygiene during meal pass for two LPN and the DON. Facility failed to ensure hair was restrained in the food preparation area. This was a type C pending penalty.

Facility failed to ensure staff members distributed and served food and beverages in a sanitary manner during dining.

N767 Food and Dietetic Services; Written Policies and Procedures

Facility failed to ensure food was prepared and served under sanitary conditions as evidenced by inappropriate tray line serving temperatures. This was a type C pending penalty.

N831 Building Standards

Facility failed to maintain the physical environment. There were penetrations with improper fire stopping in several areas.

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

Facility failed to maintain the physical plant. The exhaust fan was not secured in one patient bathroom. There was carpet under two sets of three-hour fire doors.

Facility failed to maintain the physical plant and overall environment. Part of the frame around the glass on the 1.5 hour fire-rated cross corridor had been cut out.

Facility failed to maintain the building to ensure patient safety. The clean laundry fire rated door was damaged.

Facility failed to maintain the overall environment. There was foam filling penetrations in one bathroom and mixed caulk in several other places.

Facility failed to maintain the physical plant and overall environment.

Facility failed to maintain the overall physical plant. There was improper fire caulking used above the ceiling.

Facility failed to maintain the physical plant and overall environment. There were multiple unsealed penetrations in the fire wall.

Facility failed to maintain the fire doors. The three hour cross-corridor fire doors in the new addition had combustible floor covering beneath them.

Facility failed to maintain the physical environment.

Facility failed to maintain the overall condition of the physical plant. The damper in the rehab hall was installed incorrectly.

Facility failed to maintain the condition of facility in such a manner that the safety of the patients is assured. There were holes in some of the doors.

N835 Building Standards; Approval of New Construction

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

N847 Building Standards; Hot Water Temperature

- D Facility failed to maintain safe water temperatures for 36 of the patient bathrooms. Multiple rooms had water temperature which exceeded the maximum limit of 115 degrees F.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain negative air pressure. Some of the exhaust fans did not work in housekeeping closets.

Facility failed to maintain negative air pressure where required. There was no negative pressure in one of the janitorial closets.