

Survey Deficiency Summary

24 Facilities Surveyed

Surveys Taken 7/11/18 to 8/23/18

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.

F550 Resident Rights/Exercise of Rights

- G Facility failed to maintain dignity by not providing timely assistance with toileting for one patient and not providing incontinence care for one patient. This failure resulted in psychosocial harm to the patients.
- D Facility failed to maintain a patient's dignity when three CNAs and an RN were observed standing while feeding a patient.
- D Facility failed to promote dignity in dining for one patient. The CNA was standing while feeding the patient.
- D Facility failed to provide dignity for one patient with a urinary catheter. The urinary collection bag was not covered and could be seen from the hallway.

F554 Resident Self-Admin Meds-Clinically Appropriate

- D Facility failed to complete an interdisciplinary team assessment for self-administration of medications by one patient.

F561 Self Determination

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

F578 Request/Refuse/Discontinue Treatment;Formulate Adv Directives

- D Facility failed to have a signed physician's order for scope of treatment (POST) for one patient.

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

- D Facility failed to notify the responsible party of change in physical status and treatment plan for one patient.

F584 Safe/Clean/Comfortable/Homelike Environment

- D Facility failed to maintain a calm, quiet, and homelike environment on one skilled hall. A very loud floor machine was being used by housekeeping at 6:30 a.m.

F604 Right to be Free from Physical Restraints

- D Facility failed to assess for the use of restraints for one patient.
- D Facility failed to ensure one patient was free from physical restraints.

21-Sep-18

F609 Reporting of Alleged Violations

- D Facility failed to report an injury of unknown origin for one patient.
- D Facility failed to report an allegation of abuse timely to the administrator and the state survey agency for one patient. A resident-to-resident altercation was not reported at all.
- D Facility failed to report an allegation of abuse immediately to the administrator and the state survey agency timely for one patient.

F610 Investigate/Prevent/Correct Alleged Violation

- D Facility failed to conduct a completed investigation for one patient reviewed for abuse.
- D Facility failed to investigate a patient-to-patient altercation for two patients reviewed for abuse.

F622 Transfer and Discharge Requirements

- D Facility failed to provide required discharge and transfer documentation for one patient.

F623 Notice Requirements Before Transfer/Discharge

- C Facility failed to send the Ombudsman a notice of transfer or discharges for the months of April, May and June 2018.

F636 Comprehensive Assessment & Timing

- D Facility failed to complete a comprehensive patient admission assessment within 14 calendar days after admission for one patient.
- D Facility failed to conduct a comprehensive assessment for three patients.

F637 Comprehensive Assessment After Significant Change

- D Facility failed to complete a significant change assessment for one patient.

F638 Quarterly Assessment At Least every 3 Months

- D Facility failed to complete quarterly assessments for three patients.

F641 Accuracy of Assessments

- E Facility failed to accurately complete a MDS assessment for 11 patients and failed to accurately assess one patient for a fracture.

F656 Develop/Implement Comprehensive Care Plan

- D Facility failed to follow the care plan for securing the smoking materials for one patient.
- D Facility failed to develop and implement a person-centered care plan to address the patient's need for assistive devices during meal times for one patient.

- D Facility failed to implement interventions on the comprehensive care plan for two patients and failed to develop a comprehensive care plan for transfer assistance for one patient.

F657 Care Plan Timing and Revision

- K Facility failed to revise seven patients' care plans after falls with effective interventions to prevent further falls, placing the seven patients in immediate jeopardy. Over a several-month period of time, all of the patients cited sustained multiple falls and all had injuries including fractures and lacerations.
- D Facility failed to revise a care plan for one patient to change the patient preference from DNR to a full code.
- D Facility failed to update one patient care plan to include the dialysis access in use for one patient.
- D Facility failed to revise a care plan for two patients and failed to revise a CNA plan of care for one patient.

F658 Services Provided Meet Professional Standards

- D Facility failed to follow professional standards of practice for one patient reviewed for enteral feedings. The feeding that was being administered was not labeled and no date or time when the formula was hung.
- D Facility failed to administer oxygen at the physician's prescribed rate for two patients.
- D Facility failed to follow a physician's order for one patient reviewed for wound management.

F677 ADL Care Provided for Dependent Residents

- G Facility failed to provide assistance with activities of daily living for dependent patients by failure to provide bathing assistance for one patient and failure to provide timely incontinence care and toileting for two patients. This failure resulted in harm for the patients.
- D Facility failed to ensure one patient had clean and groomed fingernails.

F684 Quality of Care

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

F685 Treatment/Devices to Maintain Hearing/Vision

- D Facility failed to ensure the provision of timely follow-up optometry consults for one patient.

F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers

- G Facility failed to prevent the development of a pressure ulcer for one patient wearing a medical device and failed to practice proper infection control prevention through hand hygiene during a dressing change for one patient. These failures resulted in the development of a pressure ulcer and harm to one patient.
- D Facility failed to report and document a pressure ulcer for one patient reviewed for pressure ulcers.

F689 Free of Accident Hazards/Supervision/Devices

- K Facility failed to implement an effective fall prevention program for seven patients reviewed for falls with injuries. This failure resulted in injuries for six patients and placed them in immediate jeopardy. This was also a substandard quality of care citation.
- D Facility failed to provide supervision to prevent accidents for one patient using an air mattress; failed to investigate a fall for one patient; and, failed to initiate a new fall intervention for one patient.

F690 Bowel/Bladder Incontinence Catheter, UTI

- D Facility failed to administer treatment and services to restore normal bowel function for one patient for bowel incontinence and failed to ensure practices to prevent the potential spread of infection were followed for the care of a patient with urinary incontinence.
- D Facility failed to provide catheter care for one patient. The catheter was supposed to be changed monthly according to the physician orders and it was not done.

F692 Nutrition/Hydration Status Maintenance

- D Facility failed to ensure nutritional interventions were followed for one patient.
- D Facility failed to ensure interventions were implemented and monitored to prevent further weight loss for two patients.

F695 Respiratory/Tracheostomy care and Suctioning

- D Facility failed to maintain oxygen equipment in a sanitary manner for one patient.

F697 Pain Management

- G Facility failed to assess and monitor the effectiveness of an individualized pain management program for one patient reviewed for pain. This failure resulted in actual harm to one patient.
- D Facility failed to ensure pain assessments were completed according to the facility policy for one patient with pain.
- D Facility failed to provide pain management for one patient.

F698 Dialysis

- D Facility failed to assess and monitor a central venous catheter for one patient.

F725 Sufficient Nursing Staff

- K Facility failed to maintain adequate staffing levels to ensure the supervision of patients to prevent repeated falls for seven patients. This failure placed seven patients in immediate jeopardy for falls and caused three patients actual psychosocial harm for the failure of not providing assistance with activities of daily living.

F726 Competent Nursing Staff

- K Facility failed to implement a program to ensure nursing staff education and competency were completed. This failure placed seven patients in immediate jeopardy.

F755 Pharmacy Svcs/Procedures/Pharmacist/Records

- D Facility failed to provide pharmaceutical services to meet the needs of one patient.

F761 Label/Store Drugs & Biologics

- F Facility failed to discard expired medical supplies and expired medications and to prevent food items from being stored with medications in two medication storage rooms.
- D Facility failed to ensure all medications had been labeled with a correct expiration date for eight bags of medication in the medication storage room.

F800 Provided Diet Meets Needs of Each Resident

- E Facility failed to ensure staff calibrate thermometers weekly and failed to document food temperatures for 11 even meals.

F812 Food Procurement Store/Prepare/Serve - Sanitary

- F Facility failed to ensure food was stored, prepared and served in a sanitary manner when the walk-in freezer had ice buildup on the floor and ceiling. The kitchen floor was dirty and covered with debris and the reach-freezer had thick ice buildup around the side of the freezer.
- F Facility failed to maintain the correct concentration of chemical sanitizer in the rinse cycle of the low temperature dishwasher.
- E Facility failed to maintain a sanitary kitchen with undated, unlabeled, and opened to air food items in one reach-in cooler and one walk-in freezer in the kitchen area.
- E Facility failed to maintain two of 13 patient refrigerators in a safe operating manner and failed to keep foods stored at an appropriate temperature potentially affecting 29 patients on the secure unit and 33 patients on the south hall.
- D Facility failed to ensure food and drink was labeled in one patient nourishment refrigerator.
- D Facility failed to ensure expired foods were not available for patient use in one refrigerator.
- D Facility failed to serve food in a safe and sanitary manner for one patient.
- D Facility failed to ensure five glasses of whole milk were held at the proper holding temperature on the tray line.

F814 Dispose Garbage & Refuse Properly

- D Facility failed to ensure proper disposal of garbage at two dumpsters on the property.

F835 Administration

K Facility administrator failed to ensure facility policy and procedures were implemented for falls; failed to ensure revision of care plans was completed with appropriate and individualized interventions to prevent falls; failed to prevent avoidable pressure ulcers; failed to ensure an effective falls program was implemented to prevent patient from having multiple falls and multiple injuries with falls; and failed to ensure adequate staffing to supervise patients who had falls and adequate staffing to provide activities of daily living care to patients. These failures resulted in immediate jeopardy and substandard quality of care to the patients residing in the facility.

The administrator's failure to ensure patients were provided assistance with toileting resulted in harm to two patients and the failure to ensure patients received pain control resulted in harm to another patient.

F841 Responsibilities of Medical Director

K Facility medical director failed to ensure identification, development and implementation of appropriate plans of action and ensure the effective use of its resources to maintain the highest practicable well-being of all patients; failed to ensure performance improvement was implemented and monitored; failed to ensure interventions were implemented for patients with repeated occurrences with falls which placed patients at risk of harm; failed to ensure revision of care plans were done with appropriate and individualized interventions to prevent falls; failed to ensure an appropriate falls intervention program was implemented to prevent patients from having multiple falls and injuries and failed to ensure a facility assessment was performed and implemented. These failures resulted in immediate jeopardy to the patients in the facility.

F842 Resident Records - Identifiable Information

D Facility failed to maintain an accurate and complete record for one patient.

F867 QAPI/QAA Improvement Activities

K Facility quality assurance and performance improvement (QAPI) committee failed to have an effective, ongoing QAPI program to ensure an effective falls program was implemented to prevent repeated falls for patients, resulting in injuries after falls. This failure and the failure to ensure sufficient staffing to supervise patients at risk for falls resulted in patients having multiple falls and injuries and placed seven patients in immediate jeopardy.

F880 Infection Prevention & Control

D Facility LPNs failed to ensure infection control practices were maintained to prevent the potential spread of infection during medication administration.

D Facility failed to maintain appropriate infection control during wound care for one patient.

D Facility failed to ensure personal protective equipment (PPE) was utilized prior to entering a patient's room and hands washed prior to exiting the room for a patient with contact isolation precautions.

- D Facility failed to label and date oxygen tubing per facility policy for one patient's oxygen tubing.
- D Facility failed to discard expired medical supplies in one medication storage room.

F883 Influenza and Pneumococcal Immunizations

- D Facility failed to offer the influenza and pneumococcal immunization for one patient.

F921 Safe/Functional/Sanitary/Comfortable Environment

- F Facility failed to monitor for rodents and other pests in a sanitary manner for one kitchen possibly affecting 73 patients.
- D Facility failed to provide a sanitary environment for one patient receiving feeding per feeding pumps.

F947 Required In-Service Training for Nurse Aides

- K Facility failed to implement a system to track nurse aide competency levels in order to ensure training was sufficient based on the patient population.

K222 NFPA 101 Egress Doors

- F Facility failed to maintain the egress doors. The required signage was not provided for the doors.

K225 Stairways and Smokeproof Enclosures

- D Facility failed to protect the vertical exits.

K291 Emergency Lighting

- D Facility failed to maintain the emergency lighting.

K311 Vertical Openings - Enclosure

- F Facility failed to maintain vertical opening per the requirements of NFPA. There were penetrations in the fire wall.
- D Facility failed to maintain the fire rating of the vertical opening per the requirements of NFPA.

K321 Hazardous Areas; Enclosure

- D Facility failed to maintain hazardous areas. There were penetrations in the fire wall.
- D Facility failed to protect the hazardous areas. There were some penetrations in the fire wall.
- D Facility failed to ensure hazardous area doors would resist the passage of smoke and met the requirements of NFPA.
- D Facility failed to ensure hazardous areas were maintained to resist the passage of smoke per the requirements of NFPA.

K324 Cooking Facilities

D Facility failed to maintain the commercial kitchen hood and appliances.

K341 Fire Alarm System; Installation

E Facility failed to install smoke detectors within 12 inches of the top of the ceiling in accordance with NFPA.

K342 Fire Alarm System - Initiation

E Facility failed to maintain the fire alarm initiating devices.

K351 Sprinkler System; Installation

E Facility failed to provide sprinkler coverage in all areas per the requirements of NFPA 101.

K353 Sprinkler System; Testing and Maintenance

F Facility failed to maintain the automatic sprinkler system. The 10 year pendant testing was not done.

E Facility failed to maintain the automatic sprinkler system per the requirements of NFPA. There were some painted sprinkler heads in the facility.

D Facility failed to maintain the fire sprinkler system. There were obstructions of personal belongings in patient closets blocking the sprinkler heads.

D Facility failed to maintain the sprinkler system. There was paint on several of the sprinkler heads.

D Facility failed to ensure sprinkler heads were free of corrosion. There were two corroded sprinkler heads found in the hallway.

K355 Portable Fire Extinguishers

E Facility failed to ensure fire extinguishers had complied with travel distance requirements of NFPA.

K372 Subdivision of Building Spaces; Smoke Barriers

E Facility failed to maintain the smoke barriers per the requirements of NFPA. There were penetrations in the fire wall.

E Facility failed to maintain the smoke barriers. There were multiple unsealed penetrations in the fire walls.

E Facility failed to maintain smoke barriers per the requirements of NFPA 101.

E Facility failed to maintain the fire resistance of smoke barriers per the requirements of NFPA. There were penetrations in the fire wall.

D Facility failed to maintain the fire resistance of smoke barriers per the requirements of NFPA.

K700 Operating Features - Other

F Facility failed to have 4-year fire damper inspections per the requirements of NFPA.

K711 Evacuation and Relocation Plan

D Facility failed to ensure dietary staff were properly trained with the use of the hood suppression system and components.

K741 Smoking Regulations

D Facility failed to comply with smoking regulations. Cigarette filters and ashes were disposed in a combustible container.

K754 Soiled Linen and Trash Containers

E Facility failed to ensure soiled linen or trash receptacles exceeding 32 gallons in capacity were located in a room protected as a hazardous area when not attended.

K761 Maintenance, Inspection & Testing - Doors

D Facility failed to inspect and test fire doors annually in accordance with NFPA.

K911 Electrical Systems - Other

F Facility failed to provide the emergency generator with a remote manual stop station per the requirements of NFPA.

D Facility failed to maintain the generator. The emergency generator was not equipped with an emergency stop outside the weatherproof enclosure.

D Facility failed to provide the emergency generator with a remote manual stop station per the requirements of NFPA.

**K918 Electrical Systems - Essential Electric System
Maintenance and Testing**

F Facility failed to ensure diesel-powered SPX installations, shall be exercised annually with supplemental loads at not less than 50 percent of the CPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the CPS nameplate kW rating for one continuous hour for a total test duration of not less than 1.5 continuous and had a 4-hour load bank test every 36 months.

F Facility failed to ensure the emergency generator was run for 30 minutes under load each month.

K921 Electrical Equipment; Testing and Maintenance

F Facility failed to meet the testing and maintenance requirements for fixed and portable patient related equipment per the requirements of NFPA.

F Facility failed to meet the testing and maintenance requirements for fixed and portable patient care related equipment per the requirements of NFPA.

E Facility failed to meet the testing and maintenance requirements for fixed and portable patient care related equipment.

**K923 Gas Equipment - Cylinder and Container Storage
Container Storage**

D Facility failed to segregate full and empty oxygen cylinders per the requirements of NFPA.

D Facility failed to comply with gas equipment cylinder and container storage regulations.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to exercise an earthquake drill.

Facility failed to ensure external disaster procedures plan was exercised prior to March.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to exercise a bomb threat drill annually.

N424 Administration; Filed Documentation of Abuse Registries

Facility administrator failed to ensure facility policy and procedures were implemented for falls; failed to ensure revision of care plans was completed with appropriate and individualized interventions to prevent falls; failed to prevent avoidable pressure ulcers; failed to ensure an effective falls program was implemented to prevent patient from having multiple falls and multiple injuries with falls; and failed to ensure adequate staffing to supervise patients who had falls and adequate staffing to provide activities of daily living care to patients. These failures resulted in immediate jeopardy and substandard quality of care to the patients residing in the facility.

The administrator's failure to ensure patients were provided assistance with toileting resulted in harm to two patients and the failure to ensure patients received pain control resulted in harm to another patient.

N428 Retaliation and Discrimination

Facility failed to assess and monitor the effectiveness of an individualized pain management program for one patient reviewed for pain. This failure resulted in actual harm to one patient.

N601 Performance Improvement Program

Facility quality assurance and performance improvement (QAPI) committee failed to have an effective, ongoing QAPI program to ensure an effective falls program was implemented to prevent repeated falls for patients, resulting in injuries after falls. This failure and the failure to ensure sufficient staffing to supervise patients at risk for falls resulted in patients having multiple falls and injuries and placed seven patients in immediate jeopardy.

N615 Medical Director Responsibilities

Facility medical director failed to ensure identification, development and implementation of appropriate plans of action and ensure the effective use of its resources to maintain the highest practicable well-being of all patients; failed to ensure performance improvement was implemented and monitored; failed to ensure interventions were implemented for patients with repeated occurrences with falls which placed patients at risk of harm; failed to ensure revision of care plans were done with appropriate and individualized interventions to prevent falls; failed to ensure an appropriate falls intervention program was implemented to prevent patients from having multiple falls and injuries and failed to ensure a facility assessment was performed and implemented. These failures resulted in immediate jeopardy to the patients in the facility.

N682 Pharmaceutical Services; Storage of Medications

Facility failed to revise seven patients' care plans after falls with effective interventions to prevent further falls, placing the seven patients in immediate jeopardy. Over a several-month period of time, all of the patients cited sustained multiple falls and all had injuries including fractures and lacerations.

N690 Basic Services - Nursing Services

Facility failed to provide assistance with activities of daily living for dependent patients by failure to provide bathing assistance for one patient.

N691 Nursing Services; Body Positioning

Facility failed to prevent the development of a pressure ulcer for one patient wearing a medical device.

N697 Basic Services

Facility failed to provide timely incontinence care for one patient.

N703 Evidence of Physical Examination

Facility failed to ensure interventions were implemented and monitored to prevent further weight loss for two patients.

N760 Basic Services; Sanitized Dishes and Utensils

Facility failed to maintain three days of emergency food supplies to be stored on the premises possibly affecting 73 patients.

N831 Building Standards

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

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

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

Facility failed to provide cross corridor door with two latching points.

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

Facility failed to maintain the facility to ensure patient safety. There were obvious roof leaks in the facility.

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

Facility failed to maintain the building to ensure the safety of the patients per the requirements of NFPA. There were penetrations in the fire wall.

Facility failed to construct, arrange and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the patients was ensured. The cross corridor doors failed to have tags identifying the fire rating of the doors.

Facility failed to maintain the overall environment. There were penetrations in the fire wall.

Facility failed to maintain fire door per the requirements of NFPA. The annual fire door inspections had not been done.

N835 Building Standards; Approval of New Construction

Facility failed to get written approval from the Tennessee Department of Health before making alterations to the building. There was a newly installed fire alarm panel.

Facility failed to submit changes of occupancy to the Tennessee Department of Health.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain the laundry dirty side under a relative negative air pressure.

Facility failed to maintain the facility to ensure patient safety. There were several exhaust fans that were not working in the patient bathrooms.

Facility failed to ensure negative air pressure was maintained in dirty areas. Some of the patient bathroom exhaust fans were not working.

Facility laundry dirty side was not maintained under a relative negative air pressure.