

Survey Deficiency Summary

44 Facilities Surveyed

Surveys Taken 8/15/18-10/26/18

E006 Plan Based on All Hazards Risk Assessment

- C Facility failed to complete the risk assessment utilizing an all-hazards approach.
- C Facility failed to develop and maintain an emergency plan that must be reviewed and updated at least annually.

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.
- C Facility failed to provide the provision of subsistence needs for staff and patients whether they evacuate or shelter in place.

E022 Policies/Procedures for Sheltering in Place

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

E024 Policies/Procedures-Volunteers and Staffing

- C Facility failed to include policies and procedures for the use of volunteers in the emergency preparedness program.
- C Facility failed to include policies and procedures for the use of volunteers in the emergency preparedness program.
- C Facility failed to provide policies and procedures for the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
- C Facility failed to provide policies and procedures for the use of volunteers in an emergency or other emergency staffing strategies.

E025 Arrangement with Other Facilities

- C Facility failed to develop arrangements with other facilities to receive patients during a disaster event.
- C Facility failed to ensure arrangements, written or contracted agreements, with other facilities or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients per 42 CFR.

E026 Roles Under a Waiver Declared by Secretary

- D Facility failed to include policies and procedures for the 1135 waiver in the emergency preparedness program.

16-Nov-18

- C Facility failed to include policies and procedures for the 1135 waiver in the emergency preparedness program.
- C Facility failed to provide the role of the facility under a waiver declared by the Secretary.

E031 Emergency Officials Contact Information

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

E032 Primary/Alternative Means for Communications

- C Facility failed to include policies and procedures for primary and alternate means for communicating with facility staff, federal, state, tribal, regional and local emergency management agencies in the emergency preparedness program.
- C Facility failed to develop a primary and alternate means of communication with LTC facility's staff and local emergency management agencies per the requirements of 42 CFR.
- C Facility failed to develop a primary and alternate means of communication.

E034 Information on Occupancy/Needs

- C Facility failed to provide methods and procedures for sharing information about the occupancy and its needs for the facility during a disaster event to the authority having jurisdiction.

E035 LTC and ICF/IID Sharing Plan with Patients

- C Facility failed to develop a communication plan with a method for sharing information from the emergency plan.
- C Facility failed to develop a communication plan with a method for sharing information from the emergency plan.

E036 EP Training and Testing

- C Facility failed to develop an emergency preparedness training and testing program 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 of CFR 483.73(d)(i). The facility failed to participate in a full-scale exercise or a tabletop exercise that includes a group discussion led by a facilitator using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
- C Facility failed to conduct a second annual exercise to test the emergency plan, which includes unannounced staff drills using the emergency procedures per the requirements of 42 CFR.

- C Facility failed to conduct exercises to test the emergency plan at least annually per the requirements of Federal CFR 483.73(d)(i). The facility failed to participate in a full-scale exercise that is community-based.
- C Facility failed to conduct annual exercise to test the emergency plan, which includes unannounced staff drills using the emergency procedures.

E041 Hospital CAH and LTC Emergency Power

- C Facility failed to maintain emergency and standby power systems.

F550 Resident Rights/Exercise of Rights

- D Facility failed to promote and maintain dignity for one patient with a urinary catheter when staff failed to provide a dignity bag for the urinary drainage bag.
- D Facility failed to maintain dignity for two patients. One patient had several staff members pass the door of the room without responding to the call light. It took 20 minutes for a staff member to answer another call light, and meanwhile the patient had an episode of incontinence.
- D Facility failed to maintain patients' dignity when two CNAs referred to the patients as "feeders".

F554 Resident Self-Admin Meds-Clinically Appropriate

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

F565 Resident/Family Group and Response

- D Facility failed to ensure the patients' grievance related to adding more television channels were promptly acting upon for one patient.

F578 Request/Refuse/Discontinue Treatment;Formulate Adv Directives

- D Facility failed to obtain completed advanced directives for three patients. Three POST forms were not signed by the physician.

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

- D Facility failed to notify the physician of blood glucose results for one patient. The blood sugar was greater than 349 at which point the physician had ordered a call.
- D Facility failed to immediately report a fall to the supervising nurse and failed to immediately report a fall with injury to the responsible party for one patient.

F582 Medicaid/Medicare Coverage/Liability Notice

- D Facility failed to provide NOMNC letters for two patients reviewed for beneficiary protection notification.

F584 Safe/Clean/Comfortable/Homelike Environment

- E Facility failed to maintain clean, comfortable and home-like conditions on three patient units observed for the physical environment.
- D Facility failed to provide effective housekeeping services to maintain a sanitary, orderly and comfortable environment by disrepair, trash and debris in patient rooms, strong urine odors and dirty toilets in patient bathrooms and leaking air conditioners in multiple patient rooms.
- D Facility failed to maintain cleanliness for 10 privacy curtains observed.
- D Facility failed to maintain a safe, clean and sanitary environment for one patient.
- D Facility failed to provide readily accessible soap products for one patient.

F600 Free from Abuse and Neglect

- D Facility failed to prevent abuse for two patients. The two patients got into a physical altercation.
- D Facility failed to prevent abuse for one patient. One patient touched another patient inappropriately.
- D Facility failed to prevent verbal abuse for one patient. An LPN yelled at a patient and used profanity.
- D Facility failed to prevent abuse for two patients. Two patients had a patient-to-patient altercation in the activity room. Both were severely cognitively impaired.

F604 Right to be Free from Physical Restraints

- D Facility failed to assess for restraint usage for one patient.

F607 Develop/Implement Abuse/Neglect, etc. Policies

- D Facility failed to intervene promptly during an alleged incident and failed to report an allegation of abuse timely for one patient.

F609 Reporting of Alleged Violations

- D Facility failed to ensure an allegation of abuse was reported timely for one patient.
- D Facility failed to report abuse timely for one patient.

F610 Investigate/Prevent/Correct Alleged Violation

- D Facility failed to complete a thorough investigation for one patient reviewed for abuse.
- D Facility failed to ensure an allegation of abuse was investigated for one patient.

F623 Notice Requirements Before Transfer/Discharge

- D Facility failed to report a patient's transfer out of the facility to the State Ombudsman for one patient.

F636 Comprehensive Assessment & Timing

- D Facility failed to complete an MDS within 14 days for one patient.

F638 Quarterly Assessment At Least every 3 Months

- D Facility failed to complete an annual MDS for one patient.

F641 Accuracy of Assessments

- D Facility failed to accurately reflect the patient's status on the MDS.
- D Facility failed to accurately assess falls for one patient with falls and failed to accurately assess the discharge facility type for one patient.
- D Facility failed to accurately assess hospice services and BiPAP treatments for one patient.
- D Facility failed to ensure the accuracy of the MDS for four patients.

F644 Coordination of PASARR and Assessments

- D Facility failed to submit a PASSR Level II evaluation after completion of a significant change MDS for one patient.

F655 Baseline Care Plan

- D Facility failed to address the risk of pain on the baseline care plan for one patient.
- D Facility failed to develop an interim care plan for two patients.

F656 Develop/Implement Comprehensive Care Plan

- D Facility failed to revise the care plan to address post fall interventions for one patient.
- D Facility failed to follow the care plan interventions for oxygen protocol for two patient care plans reviewed.
- D Facility failed to work with one patient in the care plan process to support the patient's choices and desired outcomes of 36 patients reviewed.
- D Facility failed to implement the plan of care for diabetic management for one patient.
- D Facility failed to develop a comprehensive care plan for anticoagulation se for one patient.
- D Facility failed to implement the comprehensive care plan to monitor for adverse reactions related to polypharmacy for one patient.

F657 Care Plan Timing and Revision

- D Facility failed to revise the comprehensive care plan to include new interventions to prevent accidents for two patients.
- D Facility failed to revise a care plan for isolation precautions for one patient.
- D Facility failed to revise a care plan for pressure ulcers for one patient.

F677 ADL Care Provided for Dependent Residents

- D Facility failed to provide incontinence care in a timely manner for three patients.

F679 Activities Meet Interest/Needs of Each Resident

- D Facility failed to provide activities for two patients.
- D Facility failed to provide individual one-on-one activities for one patient.

F684 Quality of Care

- D Facility failed to follow physician's orders for medication administration for two patient and failed to follow physician's orders for treatment for one patient reviewed for wound care and treatment.
- D Facility failed to follow the physician's orders for two patients.
- D Facility failed to administer medication as ordered for one patient.
- D Facility failed to maintain the hospice care plan on the medical record for one patient.

F686 Treatment/Svcs to Prevent/Heal Pressure Ulcers

- D Facility failed to follow appropriate infection control practices for one patient reviewed for pressure ulcers.
- D Facility failed to document a complete assessment of pressure ulcers.

F689 Free of Accident Hazards/Supervision/Devices

- D Facility failed to ensure the environment was free for accident hazards when aerosol spray and oxygen were observed in two patient rooms.
- D Facility failed to ensure the patient's environment remained free from accident hazards when pools of water were observed in three patient rooms.
- D Facility failed to ensure the safety of a patient during transfer for one patient with falls.
- D Facility failed to develop and implement an intervention to prevent future falls from a wheelchair for one patient.
- D Facility failed to implement a fall intervention for one patient reviewed for falls.
- D Facility failed to identify, evaluate and implement an appropriate assistive device for positioning and mobility of one patient.
- D Facility failed to follow the facility's fall risk management policy for one patient.

F690 Bowel/Bladder Incontinence Catheter, UTI

- 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 one patient.
- D Facility failed to provide care and services to maintain a urinary catheter when staff failed to keep the catheter leg bag off the floor for one patient.

F693 Tube Feeding Management/Restore Eating Skills

D Facility failed to follow physician orders related to an enteral feeding for one patient.

F695 Respiratory/Tracheostomy care and Suctioning

E Facility failed to follow the physician orders for oxygen and a breathing treatment for three patients.

D Facility failed to implement oxygen therapy according to accepted professional standards for one patient receiving oxygen.

F697 Pain Management

D Facility failed to provide three scheduled doses of Oxycodone HCL 20 mg tablet as ordered for one patient.

F698 Dialysis

E Facility failed to assess the vascular access for one patient who received dialysis.

F710 Resident's Care Supervised by a Physician

D Facility failed to ensure a patient's care was supervised by a physician for the delivery of oxygen for one patient.

D Facility failed to obtain a physician's order for three patients.

D Facility failed to administer medication per the physician order for one patient.

F725 Sufficient Nursing Staff

D Facility failed to maintain adequate staffing levels to meet the care needs of two patients.

F728 Facility Hiring and Use of Nurse Aide

E Facility failed to provide verification of training and competencies for seven CNAs.

F744 Treatment/Service for Dementia

D Facility failed to monitor interventions to reduce behaviors of dementia for two patients.

F755 Pharmacy Svcs/Procedures/Pharmacist/Records

D Facility failed to timely order, obtain and administer medications for one patient.

D Facility failed to obtain and administer a physician ordered medication for one patient.

F756 Drug Regimen Review, Report Irregular, Act on

D Facility failed to follow a pharmacy recommendation for one patient reviewed for unnecessary medications.

- D Facility pharmacy services failed to report irregularities to the physician for one patient with insulin administration.

F758 Free from Unnec Psychotropic Meds PRN Use

- D Facility failed to attempt a gradual dose reduction (GDR) of psychotropic medications for one patient.
- D Facility failed to follow the physician/nurse practitioner's orders for an anxiolytic for one patient reviewed for unnecessary medication.
- D Facility failed to provide an evaluation and rationale for continued use of a PRN antianxiety drug beyond 14 days for one patient reviewed for unnecessary medications.
- D Facility failed to ensure a psychotropic medication was not administered without a physician's order for one patient reviewed for unnecessary medications.

F759 Free from 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. There error rate was 7.41 percent.

F760 Residents Are Free of Significant Med Errors

- D Facility failed to ensure patients were free of significant medication errors when one LPN failed to ensure insulin was administered correctly in correlation with meals.

F761 Label/Store Drugs & Biologics

- F Facility failed to prevent storage of medical supplies under a working sink, and failed to separate personal items and medical supplies in two medication storage rooms.
- D Facility failed to ensure one LPN properly disposed of a topical medication patch during medication administration, and failed to ensure medications were not stored past their expiration dates in one medication storage room.
- D Facility failed to ensure expired medications were properly disposed of in one medication room.
- D Facility failed to ensure blood glucose monitoring test solutions were within expiration dates for two medication carts.

F770 Laboratory Services

- D Facility failed to obtain laboratory services as ordered by the physician for one patient.

F791 Routine/Emergency Dental Services in NFs

- D Facility failed to ensure routine dental services were provided for one patient.

F812 Food Procurement Store/Prepare/Serve - Sanitary

- F Facility failed to remove expired food supplies readily available for patient use.

- F Facility failed to maintain a sanitary kitchen with undated, unlabeled foods, expired foods, opened to air food items, and dirt and/or debris in one food storage bins.
- F Facility failed to maintain appropriate food temperatures on the tray line on two units.
- F Facility failed to ensure expired food items were discarded and failed to maintain appropriate temperatures on the tray line during two observations.
- E Facility failed to ensure food was prepared and served under sanitary conditions as evidenced when one dietary staff member failed to perform hand hygiene and one CNA failed to perform hand hygiene during dining.
- E Facility failed to ensure that the nourishment refrigerators did not have ice build up in the freezer compartment, that there were thermometers in the freezers and refrigerators, that the temperature logs were maintained and that the freezer compartments had functioning doors for four nourishment refrigerators.
- E Facility failed to ensure the inside of the ice bins used for the patients' ice was maintained in a clean, sanitary manner for two ice bins. Facility failed to ensure staff knew how to calibrate a thermometer accurately and failed to maintain acceptable holding temperatures of food items on the tray line potentially affecting 71 patients.
- E Facility failed to store thawing meat in a manner to prevent contamination in three observations and failed to maintain dietary equipment in a sanitary manner.
- E Facility failed to maintain sanitation of three ice machines observed and failed to maintain sanitary pans to serve patient food for nine of 15 pans observed.
- D Facility failed to serve food in a safe and sanitary manner for two patients.

F814 Dispose Garbage & Refuse Properly

- C Facility failed to maintain a lid on one dumpster to prevent vermin from entering the dumpster.

F842 Resident Records - Identifiable Information

- D Facility failed to ensure a complete medical record for one patient.
- D Facility failed to maintain a complete and accurate medical record for one patient.
- D Facility failed to maintain an accurate and complete medical record of wound care treatment documentation for one patient and for medication administration for one patient.
- D Facility failed to maintain an accurate medical record for water flushes for one patient reviewed with a tube feeding.
- C Facility failed to maintain an accurate medical record for one patient reviewed for unnecessary medications.

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt

- F Facility QAPI committee failed to develop and implement an effective program to monitor ongoing concerns and develop a plan to identify a problem related to the kitchen. The committee failed to prevent a repeat deficiency related to the kitchen and failed to ensure improvements were sustained regarding the kitchen.
- D Facility quality assurance and performance improvement (QAPI) committee failed to develop and implement an effective abuse program to assist patients to prevent abuse, identify patients abused, and investigate allegations of abuse and report abuse to the state agency.

F867 QAPI/QAA Improvement Activities

- D Facility failed to maintain compliance related to food safety requirements for three years. The QAPI plan was not effective to maintain compliance.

F880 Infection Prevention & Control

- E Facility failed to maintain infection control protocols while passing meal trays by failing to use PPE while entering one rooms with transmission based precautions in effect. Facility failed to ensure respiratory equipment tubing was changed weekly and dated for four patients.
- E Facility failed to ensure practices to prevent cross contamination and the potential spread of infection were maintained for patient rooms and bathrooms. There were unlabeled toothbrushes, urinals, denture cups, wash basins and open packages of briefs on the floor.
- E Facility failed to implement isolation precautions for two isolation rooms observed.
- D Facility failed to ensure personal care items were stored in a sanitary manner in two shared bathrooms.
- D Facility failed to ensure practices to prevent the potential spread of infection were followed when one LPN failed to rinse a syringe after PEG tube medication administration. One nurse failed to properly clean a glucometer during blood glucose testing and one nurse failed to perform proper hand hygiene during medication administration.
- D Facility failed to ensure appropriate infection control practices were followed when signage for isolation was not posted for one patient and when one LPN did not perform hand hygiene between glove use during medication administration.
- D Facility failed to ensure isolation precautions were implemented timely for one patient.
- D Facility failed to distribute and serve food under sanitary conditions for one unit and failed to perform proper hand hygiene after providing peri-care for one patient.
- D Facility failed to ensure appropriate infection control practices were followed for isolation for one patient and one nurse failed to perform hand hygiene during wound care observations.
- D Facility failed to appropriately place a patient on transmission based precaution on admission and failed to store oxygen tubing when not in use for one patient.

D Facility failed to ensure expired supplies were not available for use in two medication rooms.

F881 Antibiotic Stewardship Program

F Facility failed to implement an antibiotic stewardship program.

F925 Maintains Effective Pest Controls Programs

D Facility failed to maintain an effective pest control program in one hallway observed.

K100 General Requirements - Other

D Facility failed to comply with the generally requirements. One of the fire doors did not latch within a positive frame.

K211 Alcohol Based Hand Rub Dispensers

D Facility failed to provide the exit hardware on an egress door within the parameters of NFPA 101.

K222 NFPA 101 Egress Doors

D Facility failed to maintain the delayed-egress doors. One of them did not release upon activation of the fire alarm system.

D Facility failed to maintain the egress doors. One of the doors required more than 15 lbf to initiate the release process.

D Facility failed to maintain delayed-egress locking arrangements. The door did not release with the fire alarm activation.

K223 Doors with Self-Closing Devices

D Facility failed to ensure all hazardous area doors have self-closing devices.

K291 Emergency Lighting

E Facility failed to test emergency lighting with battery backup for 90 minutes annually per the requirements of NFPA 101.

D Facility failed to maintain the emergency lighting. The monthly emergency (30 second) testing had not been done.

K293 Exit Signage

D Facility failed to display exit signs. There was not exit sign in the kitchen above the exit door to the service hall.

D Facility failed to maintain exit signage. One of the exit signs was not illuminated.

K311 Vertical Openings - Enclosure

D Facility failed to protect vertical openings.

K321 Hazardous Areas; Enclosure

- E Facility failed to protect the hazardous areas. The kitchen dry storage room door was held open with a magnet.
- E Facility failed to have self-closing doors in rooms that are hazardous per the requirements of NFPA 101.
- D Facility failed to maintain the physical plant. The two cleaning supply closets had damaged walls in need of repair.
- D Facility failed to maintain the hazardous areas. There were penetrations in the fire wall.
- D Facility failed to maintain the hazardous areas. The doors to the clean linen storage room would not close within the frame.
- D Facility failed to ensure hazardous areas were maintained per the requirements of NFPA 101.
- D Facility failed to maintain the hazardous areas. The medical records office was over 50 square feet and the door was not self-closing or automatic closing.
- D Facility failed to maintain hazardous areas. There were penetrations in the fire wall.

K324 Cooking Facilities

- D Facility failed to maintain fire protection in the kitchen. The deep fryer was not centered under the fire suppression system nozzles.
- D Facility failed to maintain the kitchen hood system. The grease drip container was missing.
- D Facility failed to maintain commercial cooking equipment. The exhaust ducts were due for semi-annual cleaning.

K343 Fire Alarm System - Notification

- F Facility failed to ensure fire alarm strobes were synchronized when more than two were in the field of view.
- E Facility failed to maintain the fire alarm components.

K345 Fire Alarm System; Testing and Maintenance

- D Facility failed to maintain the fire alarm system. One of the smoke detectors was loose in one hallway.

K351 Sprinkler System; Installation

- E Facility failed to maintain the automatic sprinkler system. The sprinkler heads in several places did not have the required one inch clearance from the top of the sprinkler deflector and the bottom of the ceiling.
- D Facility failed to install sprinklers where required. There was no sprinkler in the shower area of the kitchen laundry room and in the shower of the kitchen bathroom.

K353 Sprinkler System; Testing and Maintenance

- F Facility failed to maintain the automatic sprinkler system per the requirements of NFPA 101.
- F Facility failed to provide documentation indicating the 10-year dry sprinkler testing was done.
- F Facility failed to maintain the automatic sprinkler system. The system was not being inspected on a quarterly basis.
- F Facility failed to maintain the automatic sprinkler system. The 3-year air leakage test had not been done.
- F Facility failed to maintain the automatic sprinkler system. This deficient practice affected three of three smoke compartments.
- D Facility failed to maintain maintenance of the sprinkler systems. There were multiple corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. There were sprinkler heads loaded with lint.
- D Facility failed to maintain the fire sprinkler system. Some of the sprinkler heads were corroded.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in the facility.
- D Facility failed to maintain the sprinkler system. There was lint on multiple sprinkler heads.
- D Facility failed to maintain the automatic sprinkler system per the requirements of NFPA 101. There were some corroded sprinkler heads in the facility.
- D Facility failed to maintain the fire sprinkler system. There was corrosion on some of the sprinkler heads.
- D Facility failed to maintain the automatic sprinkler system. There were some corroded sprinkler heads in the facility.

K362 Corridors - Construction of Walls

- D Facility failed to have walls open to the corridor smoke resistant. There were two louvered openings in the door of the activity room.

K363 Corridor - Doors

- D Facility failed to maintain the corridor doors. Some of the doors did not close to a positive latch.
- D Facility failed to maintain the corridor doors.
- D Facility failed to maintain the corridor doors. Some of the doors would not close to a positive latch.
- D Facility failed to maintain the corridor doors. There were holes around the door handles on several of the doors.

- D Facility failed to maintain the corridor doors. The linen room door did not close to a positive latch.

K372 Subdivision of Building Spaces; Smoke Barriers

- F Facility failed to maintain the smoke barriers. There were penetrations in the fire wall.
- E Facility failed to maintain barriers. There were unsealed penetrations in the fire wall.
- D Facility failed to maintain the smoke barrier wall. There were penetrations in the fire wall.
- D Facility failed to maintain smoke barrier walls. There was unapproved fire stopping with the fire block foam around low voltage wires.

K511 Utilities - Gas and Electric

- D Facility failed to ensure electrical panels had the required 3-foot of clear working space in front of them.
- D Facility failed to ensure electrical panels had the required 3-foot clearance.

K521 HVAC

- D Facility failed to maintain the heating, ventilation and air conditioning systems.

K700 Operating Features - Other

- F Facility failed to have four-year fire damper inspections and testing.

K741 Smoking Regulations

- D Facility failed to comply with smoke regulations. The metal can for ash disposal at the patient smoking area contained combustible trash.

K761 Maintenance, Inspection & Testing - Doors

- F Facility failed to conduct annual fire door inspections per the requirements of NFPA 101.
- F Facility failed to have the annual fire door inspections per the requirements of NFPA 101.
- F Facility failed to maintain the fire doors. The annual fire door inspections were not conducted annually as required.
- F Facility failed to maintain the fire doors. The annual fire door inspections had not been conducted.

K781 Portable Space Heaters

- G Facility failed to prohibit portable space heaters.
- D Facility failed to prohibit portable space heaters.
- D Facility failed to prohibit space heaters. The SS director's office contained a space heater.

K911 Electrical Systems - Other

- F Facility failed to provide the emergency generator with a remote manual stop station per the requirements of NFPA 101.
- D Facility failed to provide a battery back-up light for the emergency generator transfer switch.
- D Facility failed to provide the emergency generator with a remote manual stop station.

K914 Electrical System; Maintenance and Testing

- D Facility failed to maintain the electrical system. A receptacle was not secure to the wall in one patient room.

K918 Electrical Systems - Essential Electric System Maintenance and Testing

- F Facility failed to ensure the emergency generator was provided with a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover.
- F Facility failed to maintain the generator. All tests and inspections had not been done.
- D Facility failed to ensure the generator was being maintained by performing all tests per the requirements of NFPA 101. There had been no annual fuel quality test conducted on the diesel generator.
- D Facility failed to comply with essential electric system maintenance and testing requirements. The annual 90 minute generator load bank test had not been done during 2017.
- D Facility failed to ensure the emergency generator was maintained per the requirements. The emergency generator had not been run under load for 30 minutes monthly.
- D Facility failed to install and maintain the generator. The liquid petroleum gas generator is not provided with an emergency stop located outside of the room the generator is housed in.
- D Facility failed to maintain the generator. There was no documentation indicating the generator was being run for 30 minutes monthly under load. The fuel quality test was not being conducted by approved ASTM standards.
- C Facility failed to maintain the generator. The emergency generator was not provided with an emergency stop in a remote location.

K919 Electrical Equipment - Other

- D Facility failed to maintain the electrical components. The outside mechanical room was being used for storage and items were blocking electrical panels and transfer switch.

K920 Electrical Equipment; Power Cords and Extension Cords

- G Facility failed to maintain the electrical equipment. There were unapproved power strips in the some patient rooms.
- D Facility failed to maintain electrical equipment. There was an unapproved power strip in a patient room.

- D Facility failed to maintain the electrical equipment. There were unapproved power strips connected to medical equipment in two patient rooms.
- C Facility failed to maintain the electrical equipment. There were unapproved power strips being used in patient rooms.

K921 Electrical Equipment; Testing and Maintenance

- F Facility failed to conduct and have testing intervals established through policies and procedures for portable patient-care related electrical equipment for the physical integrity, resistance, leakage current and touch current.
- F Facility failed to meet the testing and maintenance requirements for PCREE per the requirements of NFPA 99.
- F Facility failed to meet the testing and maintenance requirements for fixed and portable patient care related equipment (PCREE) per the requirements of NFPA 101.
- F Facility failed to establish policy and protocols for the physical integrity, resistance, leakage current and touch current tests for fixed and portable patient care related equipment that indicates the tests, repairs, and medications that are in accordance with service manuals, instructions and procedures provided by the manufacturer per the requirements of NFPA.
- F Facility failed to conduct and have testing intervals established through policies and procedures for portable patient-care related electrical equipment for the physical integrity, resistance, leakage current and touch current.
- F Facility failed to establish policy and protocols for the physical integrity, resistance, leakage current, and touch current tests for PCREE that indicated the tests, repairs, and modifications that are in accordance with service manuals, instructions and procedures provided by the manufacturer.
- D Facility failed to comply with the electrical equipment testing and maintenance requirements. The facility failed to conduct the physical integrity, resistance and leakage current and touch current tests for fixed and portable patientcare related electrical equipment (PCREE) during 2017.
- D Facility failed to maintain the electrical equipment. Not all parameters of the requirements were being conducted. The hospital beds were being tested for resistance only and no documentation indicating all required equipment is being tested.
- D Facility failed to conduct and have testing intervals established through policies and procedures for portable patient-care related electrical equipment for the physical integrity, resistance, leakage current and touch current.

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

- E Facility failed to protect gas equipment-cylinder and container storage. Oxygen cylinders were stored within five feet of combustible materials.
- D Facility failed to maintain oxygen cylinders. The empty oxygen cylinders were stored along with the full cylinders in the oxygen storage room.

- D Facility failed to maintain the oxygen storage areas. One of the patient rooms failed to have the required signage for oxygen usage.
- D Facility failed to maintain storage of medical gas cylinders. The central supply room did not have a method for storing and identifying full and empty cylinders.
- D Facility failed to comply with gas equipment-cylinder and container storage regulations. There were 36 "E" cylinders stored within five feet of combustible materials in the closet.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

Facility failed to exercise disaster plans. The annual earthquake, tornado, and flood drills had not been done.

Facility failed to exercise and evaluate the disaster plans for all staff. No tornado or earthquake drill had been done.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to perform the annual bomb threat drill.

Facility failed to exercise a bomb threat drill annually. No documentation could be provided for the last exercised bomb threat drill.

N629 Infection Control; Disinfect Contaminated Items

Facility failed to ensure practices to prevent the potential spread of infection were followed when one LPN failed to properly clean a glucometer during blood glucose testing.

N645 Nursing Services

Facility failed to provide effective housekeeping services to maintain a sanitary, orderly and comfortable environment by disrepair, trash and debris in patient rooms, strong urine odors and dirty toilets in patient bathrooms and leaking air conditioners in patient rooms.

N680 Basic Services; Incontinence

Facility failed to ensure the secure unit had a staff member present at all times to supervise 16 patients.

N765 Food and Dietetic Services; Freezer Temperature

Facility failed to ensure food was prepared and served under sanitary conditions as evidenced when one dietary staff member failed to perform hand hygiene and one CNA failed to perform hand hygiene during dining.

N774 Food and Dietetic Services; Refrigerator Temperature

Facility failed to ensure that the nourishment refrigerators did not have ice build up in the freezer compartment, that there were thermometers in the freezers and refrigerators, that the temperature logs were maintained and that the freezer compartments had functioning doors for four nourishment refrigerators. This was a type C pending penalty.

N831 Building Standards

Facility failed to maintain the physical plant. There were some fire doors which did not latch to a positive latch.

Facility failed to maintain the physical plant. The two cleaning supply closets had damaged walls in need of repair.

Facility failed to maintain the physical plant. There was water damage on some of ceiling.

Facility failed to maintain the physical plant. There penetrations in the 3-hour rated concrete block wall.

Facility failed to maintain the physical plant and overall environment. There was a 55 gallon drum used as the hydraulic fluid overflow for the elevators installed in the therapy storage closet without the protection of a one hour fire enclosure.

Facility failed to maintain the overall environment. Some of the electrical conduit was not sealed properly.

Facility failed to maintain the fire doors. The fire hardware was not properly secured to the door and some of the doors did not close to a positive latch.

Facility failed to maintain the physical plant and overall environment. The protective cover was not properly attached to the wall mounted heating and air-conditioning unit in one room.

Facility failed to maintain the physical plant. The ceiling by the DON office had water damage.

Facility failed to maintain the physical plant and overall environment. There was gypsum board patch and multiple conduit penetrations above the suspended ceiling in the one-hour fire-rated concrete block corridor wall.

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

Facility failed to maintain the building to ensure patient safety. There were discolored and sagging hard ceiling tiles.

Facility failed to maintain the overall environment. The laundry room ceiling was leaking and had water damage.

Facility failed to verify that PTAC units are not being checked with the manufacturer to ensure no recall is on any PTAC unit or parts.

N835 Building Standards; Approval of New Construction

Facility failed to get written approval from the Tennessee Department of Health before making alterations to the nursing home. There were two rooms being used for storage without permission of the TDH.

Facility failed to ensure that modification to the fire alarm system are submitted and approved by the department of healthcare facilities plans review office.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain negative air pressure. There were several exhaust fans that were not working.

Facility failed to maintain the correct air pressure. The clean side room in the laundry had negative air pressure flowing from the dirty side.

Facility failed to maintain negative air pressure in the soiled areas. The exhaust fan was not working in one of the soiled linen rooms.

Facility failed to ensure negative air pressure was maintained in dirty areas.