

Survey Deficiency Summary

25 Facilities Surveyed

Surveys Taken 11/20/19-12/18/19

E001 Establishment of the Emergency Program

- D Facility failed to provide an established emergency preparedness program.

E006 Plan Based on All Hazards Risk Assessment

- D Facility failed to complete the risk assessment utilizing an all-hazards approach per the requirements of Federal CFR 483.73.
- D Facility based/community based risk assessment for the emergency preparedness program did not utilize an all-hazards approach including the assessment of a missing patient.

E015 Subsistence for Staff and Patients

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

E032 Primary/Alternative Means for Communications

- D 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 per the requirements.

E036 EP Training and Testing

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

E037

- D Facility failed to train staff in the policies and procedures in the emergency preparedness plan.

E039 EP Testing Requirements

- D Facility failed to provide any documentation for an annual tabletop exercise.
- D Facility failed to conduct exercises to test the emergency plan at least annually per the requirements of Federal CFR 483.73(d)(i)(ii).
- D Facility failed to conduct exercises to test the emergency plan at least annually per the requirements.

17-Jan-20

F569 Notice and Conveyance of Personal Funds

- D Facility failed to provide a final accounting of the patient's funds to the patient's estate within 30 days after death for one patient.

F582 Medicaid/Medicare Coverage/Liability Notice

- D Facility failed to provide an appropriate notice in writing to the patient and/or legal representative when skilled services were terminated for one patient.

F584 Safe/Clean/Comfortable/Homelike Environment

- D Facility failed to follow the grievance policy for one patient.

F585 Grievances

- D Facility failed to follow the grievance policy for three patients.

F600 Free from Abuse and Neglect

- D Facility failed to prevent abuse for one patient. Two patients in the facility had a fist fight. One patient was severely cognitively impaired and the other patient was cognitively intact.
- D Facility failed to ensure three patients were free from abuse. There was documentation of patient-to-patient altercations.
- D Facility failed to ensure one patient was free from abuse. There was an incident of patient-to-patient altercations.

F604 Right to be Free from Physical Restraints

- D Facility failed to monitor physical restraints for one patient.

F609 Reporting of Alleged Violations

- D Facility failed to report an injury of unknown origin to the State agency for one patient.
- D Facility failed to report an alleged misappropriation of funds to the state for one patient.
- D Facility failed to report an allegation of abuse timely for one patient.

F610 Investigate/Prevent/Correct Alleged Violation

- D Facility failed to investigate an injury of unknown origin for one patient.
- D Facility failed to thoroughly investigate an allegation of misappropriation of funds.

F637 Comprehensive Assessment After Significant Change

Facility failed to follow guidelines when completing a significant change assessment for one patient.

F641 Accuracy of Assessments

- D Facility failed to ensure assessments were completed accurately to reflect the patients' status for smoking and wandering.
- D Facility failed to ensure patients were accurately assessed for anticoagulant therapy and falls.
- D Facility failed to accurately assess one patient for MDS accuracy.
Facility failed to complete an accurate MDS for discharge for one patient.

F656 Develop/Implement Comprehensive Care Plan

- D Facility failed to implement care plan interventions for falls for one patient. The patient was walking to the bathroom with bare feet even though the care plan called for non-skid socks or shoes when ambulating due to falls.
- D Facility failed to follow the care plan for falls for one patient.

F657 Care Plan Timing and Revision

- J Facility failed to revise the care plan for safe smoking, wandering/exit seeking behaviors and falls. This failure placed the patients in immediate jeopardy when they were observed to be smoking unsupervised.
- E Facility failed to revise the care plan to reflect the current status for six patients.
- D Facility failed to update the care plan to reflect a preference for Do Not Resuscitate status for one patient.
- D Facility failed to revise the care plan to include wound interventions for one patient.
- D Facility failed to ensure families were involved in the development of the care plan, making decisions about the patients' care and to include direct care staff in the care plan meeting.
- D Facility failed to revise a care plan for one patient. The patient had orders for isolation related to the diagnosis of ESBL and it was not care planned.

F658 Services Provided Meet Professional Standards

- D Facility failed to follow physician's orders for two patients.

F659 Notice and Conveyance of Personal Funds

- D Facility failed to follow standards of practice for administering crushed medications through a PEG tube when one nurse mixed crushed medications together when administering the medications through the tube.

F677 ADL Care Provided for Dependent Residents

- D Facility failed to provide timely dining assistance for one patient. The patient required extensive assistance of one person to eat. The CNA set up the meal service for the patient but did not assist her until more than 30 minutes later.
- D Facility failed to maintain oral care for one patient.

D Facility failed to provide oral hygiene for one patient.

F679 Activities Meet Interest/Needs of Each Resident

D Facility failed to provide individualized activities of interest for one patient.

F689 Free of Accident Hazards/Supervision/Devices

K Facility failed to provide adequate supervision and ensure a safe environment for six patients who were reviewed for accident hazards. The failure of the facility to adequately supervise smoking patients and to ensure a safe environment for active wandering/exit-seeking patients placed several patients in immediate jeopardy. This is also substandard quality of care.

D Facility failed to provide adequate supervision to prevent accidents when one patient sustained a fall in the hallway.

D Facility failed to implement fall interventions for one patient.

D Facility failed to add a new intervention after a fall for one patient.

F690 Bowel/Bladder Incontinence Catheter, UTI

D Facility failed to provide physician's orders and a diagnosis for two patients reviewed for urinary catheter use.

F693 Tube Feeding Management/Restore Eating Skills

D Facility failed to properly label an enteral feeding for one patient.

D Facility failed to follow the physician's order for enteral feedings for one patient.

F695 Respiratory/Tracheostomy care and Suctioning

D Facility failed to follow the physician's orders for one patient receiving oxygen therapy. The oxygen was ordered at 2L/min and the setting was on 3L/min.

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

D Facility failed to properly store suction tubing to prevent the spread of infection for one patient.

D Facility failed to follow the physician's orders for one patient receiving oxygen therapy.

F756 Drug Regimen Review, Report Irregular, Act on

D Facility failed to act timely on pharmacy recommendation for one patient reviewed for unnecessary medication.

F758 Free from Unnec Psychotropic Meds PRN Use

D Facility failed to write a stop date for an as-needed psychotropic medication for two patients.

- D Facility failed to monitor behaviors and medication side effects for one patient reviewed for unnecessary medications.

F759 Free from Medication Error Rates of 5% or More

- E Facility failed to ensure three nurses administered medications with a medication error rate of less than 5 percent. The error rate was 21.4 percent.

F761 Label/Store Drugs & Biologics

- E Facility failed to ensure medications were stored properly and safely as evidenced by opened, undated, expired, and unsecured medications.

F791 Routine/Emergency Dental Services in NFs

- D Facility failed to ensure one patient received routine dental services.

F812 Food Procurement Store/Prepare/Serve - Sanitary

- E Facility failed to prevent the spread of infection when two staff members failed to keep ice and drinks covered during dining.

F835 Administration

- K Facility administration failed to administer the facility in a manner that enabled the facility to use its resources effectively and efficiently to attain and maintain the highest practicable well-being of the patients. Administration failed to ensure the patients who smoked had adequate supervision, and failed to provide oversight and training of staff to ensure the secure codes to the exit doors remained secure. These failure caused the patients to be in immediate jeopardy.

F842 Resident Records - Identifiable Information

- D Facility failed to ensure smoking assessments were completed to accurately reflect the patient's status for four patients.

Facility failed to obtain a completed advanced directive timely for one patient.

F867 QAPI/QAA Improvement Activities

- K Facility quality assurance performance improvement committee failed to ensure an effective QAPI program when the committee did not recognize an accident hazard risk with smoking safety. The QAPI committee failed to ensure the exit door codes were secure which potentially posed a risk to wandering patients. The committee failed to ensure the facility identified the root cause of the risks associated with smoking, developed a plan of action, ensure systems and processes were in place and consistently followed by staff to address the concerns. These failures placed the patients in immediate jeopardy.

F880 Infection Prevention & Control

- E Facility failed to ensure practices to prevent the potential spread of infection were maintained for one patient reviewed for wound care, one patient with respiratory equipment and one patient reviewed for medication administration.
- E Facility failed to ensure practices to prevent the potential spread of infection were followed when three LPNs failed to perform hand hygiene during medication administration.
- D Facility failed to follow infection control practices during medication administration. The nurse placed the medications in her hand.
- D Facility failed to provide practices to maintain proper infection control standards when one nurse failed to rinse the nebulizer equipment after using it to administer a respiratory treatment.
- D Facility failed to post correct signage for droplet isolation precautions for one patient and failed to wear proper personal protective equipment (PPE) before entering the room of one patient in isolation.

K131 Multiple Occupancies

- D Facility failed to maintain a two-hour fire separation between the ACLF and the nursing home.

K222 NFPA 101 Egress Doors

- D Facility failed to maintain the egress doors. One of the magnetically locked doors malfunctioned during a fire drill.
- D Facility failed to maintain the egress doors. The exit door required excessive force to put the door in motion.
- D Facility failed to ensure the exit door locking devices met life safety code requirements. There was one door in a breezeway had a magnetic locked door that had no means of unlocking by staff.

K232 Aisle, Corridor or Ramp Width

- D Facility failed to maintain the aisle, corridor or ramp width. There was equipment stored in the hallway.
- D Facility failed to maintain the aisle corridor or ramp width. There were linen carts stored in the hallway.
- D Facility failed to maintain the aisle, corridor or ramp width.

K271 Discharge from Exits

- D Facility failed to maintain the exit discharge areas. There was construction debris at the exit discharge by the dining room.
- D Facility failed to maintain the discharge from exits. The exit side walk from one hallway was flooded with water.

K291 Emergency Lighting

F Facility failed to maintain the emergency lighting.

K293 Exit Signage

F Facility failed to maintain the exit signs.

K321 Hazardous Areas; Enclosure

D Facility failed to protect the hazardous areas. There was a gap between the door and floor greater than 1/8 inch.

D Facility failed to have self-closing doors to hazardous rooms.

D Facility failed to ensure hazardous area doors were self-closing.

D Facility failed to have doors to all hazardous rooms to be self-closing or automatic closing.

Facility failed to maintain the hazardous areas. The laundry room door closure was removed from the door.

K324 Cooking Facilities

D Facility failed to protect the cooking facilities. The kitchen staff member was not knowledgeable of proper fire procedures for fires under the kitchen hood.

D Facility failed to maintain the alignment of cooking equipment under the kitchen hood suppression system.

D Facility failed to protect the cooking facilities. The grease filter drip tray drained into a plastic container.

Facility failed to maintain fire protection in the kitchen. One of the kitchen fire suppression nozzles did not have a cap on the end of it.

Facility failed to maintain fire protection in the kitchen. The fire suppression nozzle did not have a cap on the end of it.

K331 Interior Wall and Ceiling Finish

F Facility failed to ensure interior wall surface finishes had a flame spread rating of B or less per the requirements of NFPA 101.

K345 Fire Alarm System; Testing and Maintenance

F Facility failed to maintain the fire alarm system. There was no two-year smoke sensitivity test.

D Facility failed to ensure smoke detectors are three feet away from air flow.

D Facility failed to maintain the fire alarm system. The panel was showing a trouble signal and it had not been repaired.

K351 Sprinkler System; Installation

- D Facility failed to install the sprinkler systems in accordance with NFPA 13. There were some sprinkler heads with less than a minimum distance of four inches from the wall in the facility.
- D Facility failed to ensure sprinkler heads were installed per the requirements of 2012 NFPA.

K353 Sprinkler System; Testing and Maintenance

- E Facility failed to maintain the sprinkler system. There were corroded and painted sprinkler heads in the facility.
- 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 were painted sprinkler heads in the facility.
- D Facility failed to maintain the automatic sprinkler system.
- D Facility failed to maintain the sprinkler system. There was no air leakage test within the last three years for the dry pipe sprinkler system.
- D Facility failed to maintain the sprinkler system. There were corroded sprinkler heads in the dishwashing area.
- D Facility failed to maintain the sprinkler system. There was paint on some of the sprinkler heads.
- D Facility failed to maintain the sprinkler system. The quarterly sprinkler system inspections had not been done. The 10-year test on the dry pendant systems showed three of the four sprinklers were not tested due to abnormal visual.
- D Facility failed to ensure sprinkler system met the requirements of NFPA 13 and 25.
Facility failed to maintain the sprinkler system. There were two sprinkler heads obstructed by a light fixture.

K355 Portable Fire Extinguishers

- D Facility failed to maintain portable fire extinguishers. They had not been inspected in 2019.
- D Facility failed to maintain the portable fire extinguishers. There was no monthly check done on one of the fire extinguishers.

K362 Corridors - Construction of Walls

- F Facility failed to maintain the corridor walls. There were penetrations in the fire wall.

K363 Corridor - Doors

- D Facility failed to maintain corridor doors.
- D Facility failed to maintain the corridor doors. There were some bi-folding closet doors in use that were not capable of resisting the passage of smoke and were not fire rated.

- D Facility failed to maintain the corridor doors. There was a gap around the doors.
- D Facility failed to maintain the corridor doors. The door to the kitchen dish room did not latch within the frame.
- D Facility failed to maintain the doors protecting the corridor openings. One of the cross corridor doors was dragging when opened.

K372 Subdivision of Building Spaces; Smoke Barriers

- D Facility failed to maintain the smoke barriers. There were penetrations in the fire wall.

K500 Building Services - Other

- F Facility failed to maintain the fire dampers. There was no documentation that a four-year fire damper inspection had been done.

K511 Utilities - Gas and Electric

- D Facility failed to maintain the utilities. There were open electrical connections at the back of a ceiling mounted heater in the boiler room.
- D Facility failed to maintain the utilities. There was an extension cord in use at the time clock.

K521 HVAC

- D Facility failed to maintain heating, ventilation and air conditioning systems. The four year damper inspection had not been done.

K712 Fire Drills

- F Facility failed to conduct quarterly fire drills on each shift and ensure staff are familiar with fire drill procedures.
- D Facility failed to conduct all required fire drills. Fire drills had not be conducted on all shifts.
- D Facility failed to conduct all required fire drills.

K741 Smoking Regulations

- D Facility failed to prohibit smoking in non-designated areas. There were more than 30 cigarette butts and an empty pack of cigarettes in the grass next to the emergency generator.

K761 Maintenance, Inspection & Testing - Doors

- F Facility failed to conduct annual fire door inspections.
- F Facility failed to conduct annual fire door inspections.
- D Facility failed to inspect the fire door assemblies. There was no documentation of an annual inspection.

K914 Electrical System; Maintenance and Testing

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

K918 Electrical Systems - Essential Electric System Maintenance and Testing

- F Facility failed to maintain the emergency generator. It became inoperable in November and a month later it had still not been repaired or replaced.
- D Facility failed to maintain the generator. There was no documentation of the annual load bank test for the diesel generator.

K920 Electrical Equipment; Power Cords and Extension Cords

- E Facility failed to prevent adapters and extension cords that are not listed for use.
- D Facility failed to maintain the electrical equipment. There were unapproved power strips in use in patient rooms.
- D Facility failed to maintain the electrical equipment. The vending machine in the staff break room was plugged into an extension cord.
- B Facility failed to ensure the proper use of power strip adaptors in patient care areas.

K923 Gas Equipment - Cylinder and Container Storage Container Storage

- D Facility failed to maintain the oxygen storage room. There was oxygen storage within five feet of combustible materials.

N1102 Records and Reports; Recording of Unusual Incidents

Facility failed to report an alleged misappropriation of funds to the state.

N1410 Disaster Preparedness; Fire Safety Procedures Plan

- D Facility failed to exercise and evaluate the disaster plans. The earthquake and flood drill had not been done.
Facility failed to conduct tornadoes, flood, earthquake drills for 2019.
Facility failed to perform the earthquake, flood and tornado disaster drill.

N1411 Disaster Preparedness; Fire Safety Drills

Facility failed to conduct an annual bomb threat drill in 2019.

N629 Infection Control; Disinfect Contaminated Items

Facility failed to provide practices to maintain proper infection control standards when one nurse failed to rinse the nebulizer equipment after using it to administer a respiratory treatment. This was a type C pending penalty.

Facility failed to ensure practices to prevent the potential spread of infection were maintained for one patient reviewed for wound care.

N728 Basic Services; Pharmaceutical Services

Facility failed to ensure medications were stored properly and safely as evidenced by opened, undated, expired, and unsecured medications. This was a type C pending penalty.

N766 Food and Dietetic Services; Freezer Temperature

Facility failed to prevent the spread of infection when two staff members failed to keep ice and drinks covered during dining. This was a type C pending penalty.

N831 Building Standards

Facility failed to maintain the physical plant.

Facility failed to ensure the building was maintained to ensure patient safety. There was mixed fire caulking in the fire walls.

Facility failed to maintain the physical plant and overall environment. One of the nurse call station lights was not functioning.

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

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

Facility failed to ensure the building was maintained to ensure patient safety. There was mixed fire caulk in the electrical room.

Facility failed to maintain the building's construction to ensure the patient's safety.

Facility failed to maintain the physical plant and the overall environment of the nursing home.

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

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

Facility failed to ensure patient care areas were maintained for the safety of the patients. There was peeling paint on the walls and ceiling in the shower room.

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

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

N835 Building Standards; Approval of New Construction

Facility failed to gain approval from the Tennessee Department of Health prior to the installation of a wandering alert system.

Facility failed to obtain prior approval from the Tennessee Department of Health before making alterations to the nursing home. One of the patient rooms was being used as an office.

Facility conducted alterations with no approval from the Tennessee Department of Health. One of the patient rooms had been converted into a storage room.

Facility failed to ensure alterations to the facility were made without prior approval from the Department of Health.

Facility failed to received written approval prior to the installing of wooden structures installed on the walls over the doors to patient rooms on one hallway.

N848 Building Standards; Exhaust & Air Pressure

Facility failed to maintain the negative air pressure in the soiled utility area, janitor's closet, and other such soiled spaces.

Facility failed to maintain the proper air pressure for a soiled environment.

Facility failed to maintain the negative air pressure in the soiled utility area, janitor's closet and other such soiled spaces.

Facility failed to maintain the HVAC system. The return grill located in the corridor was not secured and the filter was dirty.

N902 Elimination of Fire Hazards

Facility failed to report a fire that resulted in a response by the local fire department.