Survey Deficiency Summary

7 Facilities Surveyed **Surveys Taken 4/23/21-5/7/21**

E015 Subsistence for Staff and Patients

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

E025 Arrangement with Other Facilities

D Facility failed to develop arrangements with other facilities receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

E030 Names and Contact Information

D Facility failed to develop a communication plan that includes contact information.

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 during an emergency.

E039 EP Testing Requirements

D Facility failed to conduct exercises to test the emergency plan at least annually per the requirements of Federal regulations.

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

J Facility failed to ensure patient's physician, responsible party and facility administration were promptly notified of an incident of elopement which resulted in immediate jeopardy for the facility. The patient was located by a non-staff member and he was walking in the road approximately 0.3 miles from the facility. This was cited as past non-compliance.

F600 Free from Abuse and Neglect

J Facility failed to provide adequate supervision to prevent neglect and neglected to report an incident of elopement to administration for one patient which resulted in immediate jeopardy. This was cited as past non-compliance.

F623 Notice Requirements Before Transfer/Discharge

E Facility failed to ensure the mattress and bed remained safe for one patient weighing more than 400 lbs. which had the potential to result in a fall with injury. The mattress was not properly fitted to the bed and part of it was hanging over the edge.

F689 Free of Accident Hazards/Supervision/Devices

J Facility failed to ensure a safe environment that provided adequate supervision to prevent elopement for one patient which resulted in immediate jeopardy for the vulnerable patient. The staff was not aware the patient was missing for approximately 39 minutes. This was cited as past non-compliance and substandard quality of care.

J Facility failed to ensure their policy was followed for identifiers for patients at risk of wandering, failed to complete quarterly wandering assessments, and failed to ensure a safe environment and provide supervision to prevent an incident of elopement for three patients which resulted in immediate jeopardy. A nurse aide gave the door code to one patient allowing the patient to exit the facility and onto the sidewalk. This was also cited at substandard quality of care.

D Facility failed to ensure the mattress and bed remained safe for one patient weighing more than 400 lbs. which had the potential to result in a fall with injury. The mattress was not properly fitted to the bed and part of it was hanging over the edge.

F691 Colostomy, Urostomy, or Ileostomy Care

D Facility failed to provide necessary care and services related to colostomy care and failed to have physician orders for colostomy care for one patient with a colostomy.

F692 Nutrition/Hydration Status Maintenance

E Facility failed to monitor weights for two patients reviewed for nutrition.

F698 Dialysis

D Facility failed to have a current physician order for dialysis and failed to provide adequate services for one patient reviewed for dialysis.

F727 RN 8 Hrs/7 days/Wk, Full Time DON

D Facility failed to ensure there was an RN working eight consecutive hours each day, seven days a week for one of 90 days reviewed.

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.

F760 Residents Are Free of Significant Med Errors

G Facility failed to ensure patients received the correct medication for one patient. This failure resulted in actual harm to one patient when he received a medication for which he had a documented allergy.

F761 Label/Store Drugs & Biologists

E Facility failed to ensure medications were properly and securely stored when two nurses left medications unattended and out of sight during medication administration and failed to ensure expired medications were not stored past the expiration dates in one medication storage area.

F835 Administration

L Facility administration failed to administer the facility in a manner that enabled the facility to use the resources available to effectively and efficiently attain and maintain the highest practicable well-being of the patients. Administration failed to provide oversight to monitor and ensure the training of staff, to ensure policies and procedures were followed to provide a safe environment for wandering patients at risk for elopement and to prevent the potential transmission of communicable diseases and infections. The facility has had seven administrators since being selected as a special focus facility. These failures placed the patients in immediate jeopardy and substandard quality of care.

F867 QAPI/QAA Improvement Activities

L Facility quality assurance performance improvement process (QAPI) committee failed to ensure an effective QAPI program that identified opportunities for improvement related to elopement and infection control, and failed to implement corrective action or performance improvement activities for elopement. The QAPI committee failed to ensure the facility was administered in a manner that enabled it to identify a quality care issue and ensure systems and procedures were in place and being followed. These failures placed patients in immediate jeopardy and substandard quality of care.

F880 Infection Prevention & Control

L Facility failed to follow CDC infection control guidelines when 64 staff members failed to complete the daily Covid-19 screening logs for 81 days. Facility staff did not follow infection control guidelines for isolation nor hand hygiene. These failures placed the patients in immediate jeopardy.

F Facility failed to properly prevent and contain Covid-19 when 25 staff members failed to complete the Covid-19 screening logs prior to their shifts for 16 days.

E Facility failed to ensure practices to prevent the potential spread of infection were followed when two LPNs failed to perform proper hand hygiene, failed to clean reusable equipment, and failed to allow the syringe used to administer medication through a PEG tube to air dry after being rinsed.

K211 Alcohol Based Hand Rub Dispensers

D Facility failed to maintain the path of egress. There were beds, couches and chairs impeding the path of egree on the 200 and 300 hundred hall.

K271 Discharge from Exits

D Facility courtyard gate in the 100 hall means of egress was loose from the fence and required force to be picked up and moved into the open position.

K321 Hazardous Areas; Enclosure

D Facility failed to provide hazardous area enclosures. There was combustible storage consisting of boxes, furniture and building maintenance supplies in patient rooms without self-closing doors.

D Facility failed to maintain hazardous areas. The resident rooms on the 200 hall were being used as storage with large amounts of combustible furniture and clothing. The rooms did not meet the construction requirements for hazardous areas.

K324 Cooking Facilities

D Facility failed to protect the cooking facilities. The fire suppression system discharge nozzle caps were not in place over nozzles.

K363 Corridor - Doors

D Facility installed corridor doors improperly. Some of the doors would not latch to a positive frame.

K372 Subdivision of Building Spaces; Smoke Barriers

D Facility failed to protect the smoke barrier walls.

K511 Utilities - Gas and Electric

D Facility had improper wiring in the electrical system. An orange flexible cord labeled SJTW was being used to power a wall mounted detergent dispenser in the Laundry Room.

K712 Fire Drills

D Facility failed to conduct all required staff in-services for the facility's fire response plan for the following shifts and quarters.

N831 Building Standards

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

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. Some patient rooms had been converted to offices and others were being used a storage rooms.