**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY

**STREET ADDRESS, CITY, STATE, ZIP CODE**

200 TORREY ROAD
LAFOLLETTE, TN 37766

---

**F 157 NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)**

A facility must immediately inform the resident; consult with the resident’s physician; and if known, notify the resident’s legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention, a significant change in the resident’s physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident’s legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident’s legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of facility policy, and interview, the facility failed to notify the

---

**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**DATE**

---

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
Continued From page 1
family of a fall for one resident (#9) of twenty-five resident's reviewed.

The findings included:

Resident #9 was admitted to the facility on January 30, 2012, with diagnoses including Chronic Atrial Fibrillation, Diabetes Mellitus (type 2) and Weakness.

Medical record review of a nurse's note, dated February 1, 2012, revealed the resident had a fall without injury on February 1, 2012, at 4:00 a.m. Continued medical record review revealed no documentation of family notification of the fall.

Review of the facility's Post Fall Assessment and Documentation Checklist revealed "...family member...will notify in AM..."

Interview with Licensed Practical Nurse (LPN) #3, on February 22, 2012, at 10:40 a.m., in the 200 Hallway Nurses Station, confirmed the facility failed to notify the family of the fall on February 1, 2012, at 4:00 a.m.

Interview with the House Supervisor, on February 22, 2012, at 12:50 p.m., in the 200 Hallway, confirmed the facility had failed to notify the resident's family of the fall that occurred on February 1, 2012.

483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE

An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

200 TORREY ROAD

LAFOLETTE, TN 37766

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 176</td>
<td>Continued From page 2</td>
</tr>
</tbody>
</table>

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to assure one resident (#20) was assessed prior to self administration of a medication of twenty-five residents reviewed.

The findings included:

Resident #20 was admitted to the facility on September 23, 2011, with diagnoses including Parkinson's Disease, Atrial Fibrillation, Congestive Heart Failure, and Muscle Weakness.

Medical record review of Physician's Recapitulation Orders dated January 31, 2012, revealed "...Albuterol...QID (four times a day)...Ipratropium...QID..."

Observation in the resident's room on February 21, 2012, at 10:12 a.m., revealed a nebulizer mask in place with medication inside and no licensed staff in the room. Continued observation revealed the nebulizer mask around the resident's mouth and turned to the on position.

Interview with Licensed Practical Nurse (LPN) #1, at the nurse's desk on the 200 hall on February 21, 2012, at 10:30 a.m., confirmed the LPN started the medication and left the room while the medication was still being administered.

Continued interview revealed the LPN was not in sight of the resident while the medication was being administered.

**F176 Resident Self-Administer Drugs if Deemed Safe**

1. Resident will not self-administer medications.

2. All residents receiving nebulizer treatments have the potential to be affected.

3. Residents who receive nebulizer treatments will be assessed prior to allowing them to self-administer nebulizer treatments.

4. Randomized chart checks will be conducted by the MDS Coordinator during quarterly care plan reviews for residents receiving nebulizer treatments. This information will be presented at the quarterly Professional Advisory Committee Meeting for three quarters.
F 176  Continued From page 3  
Interview with the Assistant Director of Nursing (ADON) in the Minimum Data Set office (MDS) office, on February 22, 2012, at 9:48 a.m.,  
confirmed the resident was not a candidate for self administration and had not been assessed  
for self administration of medications. 

F 221  483.13(a) RIGHT TO BE FREE FROM  
PHYSICAL RESTRAINTS  
The resident has the right to be free from any  
physical restraints imposed for purposes of discipline or convenience, and not required to  
treat the resident's medical symptoms. 

This REQUIREMENT is not met as evidenced by:  
Based on medical record review, observation,  
and interview, the facility failed to assess for the  
use of a restraint for one resident (111) of  
twenty-five residents reviewed. 

The findings included:  
Resident #11 was admitted to the facility on  
August 5, 2011, with diagnoses including Parkinson's Disease, Congestive Heart Failure, 
Iron Deficiency Anemia, and Depressive Disorder.  

Medical record review of a physician's order  
dated February 6, 2012, revealed "...Seat Belt  
when up in w/c (wheelchair)..." 

Observation on February 22, 2012, at 9:42 a.m.,  
in the resident's room, revealed the resident  
sitting up in a wheelchair with a seat belt restraint  
in place.
Interview and medical record review with the Assistant Director of Nursing (DON) and the Minimum Data Set (MDS) Coordinator in the MDS office on February 22, 2012, at 11:02 a.m., confirmed the facility had failed to assess for the use of a restraint prior to use for resident #11.

483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced by:
Based on observation, medical record review, review of manufacturer's specifications, review of facility's policy, and interview the facility failed to prevent medication errors less than five percent resulting in five errors in forty-six opportunities to equal an error rate of ten percent.

Observations revealed errors occurred with two (Licensed Practical Nurse [LPN] #1 and LPN #2) of four LPNs; on two (Second North Wing and Third Wing) of three wings; two (Second North Wing Elevator Side Medication Cart and Third Wing Medication Cart) of three medication carts; and four (#2, #13, #14, #15) of eight residents observed.

The findings included:
Medication Error #1
Observation on February 21, 2012, at 2:00 p.m.,
Continued From page 5

at the Second North Wing Elevator Side Medication Cart revealed LPN #1 administered one, 10 ml (milliliter) dose of Guaiifenesin Syrup (medication for expectorant) to Resident #13.

Medical record review of the January 2012, Physicians Order Sheet revealed an order for "...Guiafuss DM [Guaiifenesin expectorant with Dextromethorphan cough suppressant]..." Further review revealed the dose was "...10 ml three times daily..."

Interview with LPN #1 on February 21, 2012, at 3:30 p.m. at the Second North Wing Nursing Station confirmed the wrong medication (Guaiifenesin Syrup) was administered instead of Guaiifenesin DM which contained the cough suppressant Dextromethorphan.

Medication Error #2

Observation on February 21, 2012, at 2:15 p.m., at the Second North Wing Elevator Side Medication Cart revealed LPN #1 administered 6 units of Novolin R [medication for Diabetes] Injectable Insulin 100 units per ml subcutaneously (under the skin) to the left side of the lower abdomen of Resident #14.

Medical record review of the February 2012, Physicians Order Sheet revealed an order for "...NOVOLIN R U-100...per] SSI [sliding scale insulin]...".

Review of the manufacturer's specifications in the package insert for Novolin R Insulin revealed, "...Novolin R is a fast-acting insulin...The effects of Novolin R start working ½ hour after..."

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 332</td>
<td>Continued From page 5 at the Second North Wing Elevator Side Medication Cart revealed LPN #1 administered one, 10 ml (milliliter) dose of Guaiifenesin Syrup (medication for expectorant) to Resident #13. Medical record review of the January 2012, Physicians Order Sheet revealed an order for &quot;...Guiafuss DM [Guaiifenesin expectorant with Dextromethorphan cough suppressant]...&quot; Further review revealed the dose was &quot;...10 ml three times daily...&quot; Interview with LPN #1 on February 21, 2012, at 3:30 p.m. at the Second North Wing Nursing Station confirmed the wrong medication (Guaiifenesin Syrup) was administered instead of Guaiifenesin DM which contained the cough suppressant Dextromethorphan. Medication Error #2 Observation on February 21, 2012, at 2:15 p.m., at the Second North Wing Elevator Side Medication Cart revealed LPN #1 administered 6 units of Novolin R [medication for Diabetes] Injectable Insulin 100 units per ml subcutaneously (under the skin) to the left side of the lower abdomen of Resident #14. Medical record review of the February 2012, Physicians Order Sheet revealed an order for &quot;...NOVOLIN R U-100...per] SSI [sliding scale insulin]...&quot;. Review of the manufacturer's specifications in the package insert for Novolin R Insulin revealed, &quot;...Novolin R is a fast-acting insulin...The effects of Novolin R start working ½ hour after...&quot;</td>
<td>F 332</td>
<td>2. All residents receiving Guaiifenesin Syrup DM, Theophylline, Carafate, Magonate, and ac medications have the potential to be affected. 3. All Licensed Personnel will be in-serviced as to the importance of giving ac medications prior to meals, not crushing extended release medications, and giving medications as ordered. 4. Medication Administration checklists will be completed for all licensed practical nurses and presented to the Professional Advisory Committee Meeting after the first initial competencies are completed.</td>
<td>4/3/12</td>
</tr>
</tbody>
</table>
**ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
200 TORREY ROAD
LAFOLLETTE, TN 37766

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 332</td>
<td>Continued From page 6 injection...Novolin R, when used alone subcutaneously, is usually given three or more times daily before meals...The injection...should be followed by a meal within approximately 30 minutes of administration...&quot;</td>
<td>F 332</td>
<td>Observation on February 21, 2012, at 2:30 p.m., at the Second North Wing Elevator Side Medication Cart revealed LPN #1 crushed one Theophylline [medication for Chronic Obstructive Pulmonary Disease] 200 milligram (mg) Extended Release tablet and one Sucralfate (medication for stomach) 1 Gram tablet for administration to Resident #15. Just prior to entering the room, the surveyor stopped LPN #1 and asked &quot;Are you going to administer the two crushed medications to Resident #15?&quot; LPN #1 responded &quot;Yes&quot;. Medical record review of the February 2012, Physicians Order Sheet revealed an order for &quot;...THEO-DUR [Theophylline] 200MG ER...&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
continued from page 7
[extended release] TAB [tablet] ...DO NOT CRUSH/CHEW...SWALLOW WHOLE..."

Review of the manufacturer's specifications in the package insert for Theophylline Extended Release tablet revealed,
"...Theophylline...Extended-Release Tablets are not be chewed or crushed because it may lead to a rapid release of Theophylline with the potential for toxicity..."

Interview with LPN #1 on February 21, 2012, at 2:35 p.m., at the Second North Wing Elevator Side Medication Cart outside the resident's room confirmed the Theophylline Extended Release Tablet was crushed prior to administration.

Medical record review of the February 2012, Physicians Order Sheet revealed an order for "...CARAFATE [Sucralfate] 1Gm [Gram]...tablet to be given "...BEFORE MEALS & AT BEDTIME ..."

Review of the manufacturer's specifications in the package insert for Carafate (Sucralfate) revealed, the oral dosage shall be administered "...on an empty stomach..."

Review of the facility's policy, "Frequency of Meals" for patient food services revealed lunch was served between "...12:00 PM to 12:45 PM..." on the Second North Wing.

Interview with LPN #1 on February 21, 2012, at 2:35 p.m., at the Second North Wing Elevator Side Medication Cart outside the resident's room confirmed the Carafate tablet was ordered before meals. Further interview revealed lunch was served around 12:30 p.m. and the Carafate was
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 332</td>
<td>Continued From page 8 administered approximately two hours after lunch and not before lunch per physician order.</td>
<td>F 332</td>
</tr>
</tbody>
</table>

Medication Error #5

Observation and interview on February 22, 2012, at 9:00 a.m., at the 3rd Wing Medication Cart, confirmed Licensed Practical Nurse (LPN) #2 administered 3ml (milliliters) of Magenate (Magnesium Supplement) 54mg (milligrams)/5ml by PEG-tube (Percutaneous Endoscopic Gastrostomy tube).

Review of a Physician Order dated January 31, 2011, revealed "...Increase Magenate 5ml TID (three times a day) per PEG Tube..."

Review of the Medication Administration Record (MAR) dated February 2012, revealed "...Magenate 54mg/5ml liquid...3ml...PEG-Tube...TID...5ml total dose..."

Interview with the Director of Pharmacy on February 22, 2012, at 10:10 a.m. in the 3rd Floor Nurse's Station confirmed 5ml was the correct dosage to be administered and the medication was administered incorrectly.

F 371

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions.
F 371 Continued From page 9

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to maintain proper sanitation for food preparation equipment and safe storage of dry food in the dietary department.

The findings included:

Observation and interview on February 21, 2012, from 10:26 a.m. to 11:15 a.m., in the dietary department, with the Director and the Assistant Director of Nutrition Services, revealed the following:

1. A tray of cleaned cooking utensils under the sink area next to the dishwasher mechanics.
2. Electrical cords with visible dust and debris hanging on pec rack hooks over the food preparation area and next to eight ready to use clean pots.
3. The hood over the stove with a build up of yellow debris on the lights and the bars.
4. Twelve quarter size wet baking pans stored in the clean pan area and ready for use.
5. Seven bottles of strawberry flavored nutritional supplements, eight ounce size, with an expiration date of January 1, 2012, stored in the dry storage area and available for use.
6. Three unlabeled cans stored in the dry storage area and available for use.
7. A scoop stored inside a container of previously used brown sugar.

F 371 Food Procure, Store/Prepare/Serve - Sanitary

1. The tray was removed, washed and sanitized.
   The cords were washed and sanitized.
   The hoods will be scheduled for Cleaning.
   The pans were removed, washed and Sanitized.
   The supplements were removed and Discarded.
   The cans were removed and Discarded.
   The brown sugar was removed and Discarded.
   The frosting was removed and Discarded.
   All residents have the potential to be affected.

2. Staff will be trained on proper storage of clean utensils while air drying.

Staff will be trained on responsibility procedures for cleaning electrical cords that hang over food.

Completion Date: 2/21/12 2/21/12 3/6/12 2/21/12 2/21/12 2/21/12 2/21/12 2/21/12 2/21/12 2/21/12 4/3/12
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td></td>
<td></td>
<td>Continued From page 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8. A thirty-five pound container of white frosting, approximately half full and previously used, with a stamped date of December 18, 2010.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Interview with the Director and the Assistant Director of Nutrition Services on February 21, 2012, from 10:26 a.m. to 11:15 a.m., in the dietary department confirmed the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. The tray of clean cooking utensils were improperly stored in a dirty area.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. The electrical cords were dirty and located next to clean pots.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. The hood lights and bars were dirty and needed to be cleaned.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. The twelve quarter size baking pans were wet and improperly stored.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. The bottles of Ensure were out of date and available for resident use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. The three unlabeled cans were not properly stored and were available for resident use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. The scoop was improperly stored in the brown sugar.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8. The thirty-five pound container of white frosting was not dated with an open date or an expiration date and was available for resident use.</td>
</tr>
<tr>
<td>F 431</td>
<td></td>
<td></td>
<td>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 371</td>
<td></td>
<td></td>
<td>Staff with specific responsibilities of cleaning the hood system will be trained regarding adequate cleaning procedures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff will be trained on air drying pans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff training will occur on rotation of stock and discarding out of date products.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff training will occur on discarding unlabelled cans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff training will occur on proper storage of scoops.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff training will occur on rotation of stock and discarding out of date products.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Storage of clean utensils will be added to the Weekly Sanitation Checklist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Electrical cords over the food preparation area will be added to the Weekly Sanitation Checklist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inspection of lights and bars inside the hood system will be added to the Weekly Sanitation Checklist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Baking pans will be added to the Weekly Sanitation Checklist and reported to the quarterly Quality Assurance Committee meeting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4/3/12</td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>PROVIDER'S PLAN OF CORRECTION</td>
</tr>
<tr>
<td>----</td>
<td>--------</td>
<td>-----</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>F 431</td>
<td></td>
<td></td>
<td>Dry storage will be added to the Daily Sanitation Checklist.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dry storage will be added to the Daily Sanitation Checklist to verify no unlabelled cans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Food storage bins will be added to Daily Sanitation Checklist to verify scoops are properly stored.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dry storage will be added to the Daily Sanitation Checklist to verify no out of date items are stored.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foodservice Director or designee will monitor the daily and weekly sanitation lists to ensure compliance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This information will be reported to the Professional Advisory Committee Meeting every quarter for three quarters.</td>
</tr>
</tbody>
</table>

**Summary Statement of Deficiencies**

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:

Based on observation, review of manufacturer's specifications, and interview, the facility failed to provide expiration dates on two of two opened bottles of Xalatan Ophthalmic Solution observed in one medication refrigerator (Second North Medication Room Refrigerator) of three medication refrigerators and three of four opened Advair Diskus observed in two (Second North Elevator Side Medication Cart and Second North Back Hall Side Medication Cart) of four.
ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY

F 431 Continued From page 12 medication carts.

The findings included:

Observation of the refrigerator on February 21, 2012, at 10:36 a.m., in the Second North Medication Room with Registered Nurse (RN) #1 revealed two 2.5 milliliter (ml) open bottles of Xalatan (medication for glaucoma) Sterile Ophthalmic 0.005% Solution. Further observation revealed the opened bottles were not dated when opened.

Review of the manufacturer's specification on the outside of the Xalatan box revealed "...Store unopened bottle under refrigeration...Opened bottle may be stored at room temperature...for 6 weeks...".

Interview with RN #1 on February 21, 2012, at 10:58 a.m., in the Second North Medication Room confirmed the opened bottles of Xalatan were not dated when opened.

Observation of the Second North Elevator Side Medication Cart on February 21, 2012, at 11:02 a.m., in the Second North Medication Room with RN#1 revealed one opened Advair Discus containing Fluticasone 250 micrograms (mcg) and Salmeterol 50 mcg (medication for asthma). Further observation revealed the opened Advair Discus was removed from the manufacturer's foil pouch and was not dated when opened.

Review of the manufacturer's specification in the package insert for Advair Discus revealed, "...discard ADVAIR DISKUS 1 month after you remove it from the foil pouch...".

F 431 Drug Records, Label/Store Drugs & Biologics

1. Xalatan Ophthalmic Solution and Advair were not given.
   Xalatan and Advair Diskus were discarded.
   2/21/12

2. All residents with orders for Xalatan Ophthalmic Solution and Advair have the potential to be affected.
   2/21/12

3. Pharmacy staff will add labels to eye and ear drops as well as inhalers that read, "Date opened ___. Will expire in 28 days." when dispensing for a resident.
   4/3/12

4. Pharmacist will conduct periodic monitors to ensure stickers are being used appropriately. This information will be presented at the quarterly Professional Advisory Committee Meeting for these quarters.
   4/3/12
F 431  Continued From page 13

Interview with RN #1 on February 21, 2012, at 11:30 a.m., in the Second North Medication Room confirmed the opened Advair Discus was not dated when opened.

Observation of the Second North Back Hall Side Medication Cart on February 21, 2012, at 11:35 a.m., in the Second North Medication Room with RN #1 revealed two opened Advair Discus containing Fluticasone 250 mcg and Salmeterol 50 mcg. Further observation revealed each opened Advair Discus was removed from the manufacturer's foil pouch and was not dated when opened.

Review of the manufacturer's specification in the package insert for Advair Discus revealed, "...discard ADVAIR DISKUS 1 month after you remove it from the foil pouch..."

Interview with RN #1 on February 21, 2012, at 11:50 a.m., in the Second North Medication Room confirmed each opened Advair Discus was not dated when opened.

F 441  483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it -

(1) Investigates, controls, and prevents infections
### Summary Statement of Deficiencies

**F 441**

Continued from page 14 in the facility:

1. (2) Decides what procedures, such as isolation, should be applied to an individual resident; and
2. (3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection

1. (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
2. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
3. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to follow infection control guidelines for two residents (#1, #3) of twenty-five residents reviewed.

The findings included:

Resident #1 was admitted the facility on August 21, 2011, with diagnoses including Septicemia,

F 441 Infection Control, Prevent Spread, Linens

1. Catheter bag was placed in catheter bag cover off the floor.  2/22/12

Bed linens were changed.  2/22/12

CNA #2 was educated regarding proper use of gloves during resident care.  2/21/12

2. All residents with catheters and wounds have the potential to be affected.

3. Staff will be in-serviced regarding proper infection control procedure.  4/3/12

4. Unit clerks will conduct periodic rounds to ensure catheter bag covers are being utilized to prevent catheters from being on the floor.  4/3/12

ADON will conduct quarterly hand hygiene monitors to ensure infection control policies are met. This information will be presented at the quarterly Professional Advisory Committee Meeting for three quarters.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 441</td>
<td>Continued From page 15</td>
<td>Anemia, Dementia, Cardiac Dysrhythmia's, Pneumonia, Chronic Obstructive Pulmonary Disease (COPD), Lupus Erythematosus, and Osteoporosis.</td>
<td></td>
</tr>
<tr>
<td>Interview with Certified Nurse Assistant (CNA) #1, on February 22, 2012, at 10:00 a.m., in the resident's room, confirmed the resident's urinary catheter bag was lying on the floor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of facility policy, Infection Control, dated March 3, 2011, revealed &quot;...Transmission-microorganisms are transmitted by three principle routes...Common Vehicle Transmission...infectious agents transmitted by contaminated items such as...devices.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview with the House Supervisor, on February 22, 2012, at 12:55 p.m., outside the resident's room, confirmed the urinary catheter bag lying on the floor did not follow standard precautions for infection control.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation on February 22, 2012, at 12:45 p.m., in the resident's room, revealed the Wound Care Nurse changing the wound vac dressing. Continued observation revealed the nurse removed the soiled dressing and the soiled gloves, washed the hands, changed the gloves, cleaned the wound with wound cleaner, removed the soiled gloves and placed the soiled gloves on the resident's bed. Further observation revealed the nurse changed the gloves and completed the dressing change. Further</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID</td>
</tr>
<tr>
<td>----</td>
<td>------------</td>
<td>-------------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>F 441</td>
<td>Continued from page 10 observation revealed the nurse placed the soiled gloves, from the resident's bed, into the dirty trash can after completing the dressing change and washed the hands. Interview with the Wound Care Nurse, on February 22, 2012, at 1:00 p.m., in the resident's room, confirmed the dirty gloves were removed, placed in the resident's bed during the dressing change and the bed linen was contaminated with the soiled gloves. Resident #3 was admitted to the facility on August 26, 2011, with diagnoses including Type Two Diabetes, Transient Cerebral Ischemia, Vegetative State, Decubitus Ulcer, and Pneumonia. Medical Record Review of the Minimum Data Set (MDS) dated January 3, 2012 revealed the resident was in a persistent vegetative state (no discernible signs of consciousness) and dependent for all activities of daily living. Observation on February 21, 2012, at 2:43 P.M., in the resident's room, revealed Certified Nurse Assistant (CNA) #2 emptied the resident's urinary catheter bag into a clear receptacle with gloved hands, then disposed of the urine in the resident's toilet, cleanse the receptacle with water obtained from the faucet affixed to the toilet, dried the receptacle with toilet paper, then returned to the beside without changing the soiled gloves, or washing the hands, and continued care including placement of the residents wound care supplies into the resident's closet while wearing the soiled gloves.</td>
<td>F 441</td>
<td>Continued from page 10</td>
</tr>
</tbody>
</table>
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/ICAID
IDENTIFICATION NUMBER: 445115

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 02/23/2012

NAME OF PROVIDER OR SUPPLIER
ST MARY'S HEALTH & REHAB CENTER OF CAMPBELL COUNTY
STREET ADDRESS, CITY, STATE, ZIP CODE
200 TORREY ROAD
LAFOLLETTE, TN 37766

(X4) ID
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

F 441 Continued From page 17
Review of the facilities policy Infection Control-
Isolation Policy, dated March 03, 2011, revealed
"...after hand hygiene, ensure that hands do not
touch potentially contaminated environmental
surfaces or items in the patient's room to avoid
transfer of microorganisms to other patient's
environments..." 

Interview with CNA #2 on February 21, 2012, at
3:01 P.M., in the resident's room, confirmed the
soiled gloves were to be removed, hands
washed, and clean gloves applied before
returning to the bedside to continue care.

F 514
483.75(1)(1) RES
RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each
resident in accordance with accepted professional
standards and practices that are complete;
accurately documented; readily accessible; and
systematically organized.

The clinical record must contain sufficient
information to identify the resident; a record of the
resident's assessments; the plan of care and
services provided; the results of any
preadmission screening conducted by the State;
and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, and interview
the facility failed to maintain an accurate medical
record for one resident (#2) of twenty-five
residents reviewed.
F 514  Continued From page 18

The findings included:

Resident #2 was admitted to the facility on January 26, 2011, with diagnoses including Senile Dementia, Parkinson's Disease, Hypertension, and Gastrostomy.

Medical Record review of a Physician's Order dated January 31, 2011, revealed "...Increase Magonate (magnesium supplement) 5ml (milliliters) TID (three times daily) per PEG-tube (Percutaneous Endoscopic Gastrostomy tube)."

Review of the Physician's recapitulation orders and MARs (Medication Administration Record) from February 2011 through February 2012, revealed "... Magonate 54mg (milligrams)/5ml Liquid...3ml...PEG Tube...TID...5ml total dose..."

Interview with the Director of Pharmacy on February 22, 2012, at 10:10 a.m. in the 3rd Wing Nurse's Station confirmed "...a transcription error was made...5 ml is the correct dose."