N 645

1200-8-6-.06(3)(k) Basic Services

(3) Infection Control.

(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.

This Rule is not met as evidenced by:
Type C Pending Penalty #19
Tennessee Code Annotated 66-11-804(c)19:
The nursing home shall be clean and sanitary and in good repair at all times.

Based on policy review, observation and interview, it was determined the facility failed to ensure the residents' environment was free from foul odors in 1 of 69 (room 206) resident rooms.

The findings included:

Review of the facility's "Daily Room Cleaning" policy documented, "...Provide a fresh, clean and sanitary environment during a resident's stay..."

Review of the facility's "Dignity" policy documented, "...All residents are treated in a manner and in an environment that maintains and enhances each resident's dignity and respect in full recognition of his or her individuality..."

Observations in room 206 on 2/3/14 at 2:40 PM, a wheelchair at the bedside with a pumelle cushion that smelled of urine.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
On 2.5.14, environmental services conducted a thorough cleaning of room 206 to ensure the room is free from foul odors.

How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
On 2.11.14, Maintenance Director and Executive Director completed a facility audit to ensure no foul odors in any resident rooms. The review proved the facility to be in compliance with the facility's daily room cleaning policy.

What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?
On 2.18.14, Environmental Services Director conducted an in-service with the environmental services staff regarding the proper procedures for cleaning resident rooms and reporting odors to the Environmental Services Director. Environmental Services Director or designee will conduct audits weekly for four weeks, then monthly for two months, or until substantial compliance is obtained to ensure residents' environment is free from foul odors.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?
Environmental Services Director will present findings to the Performance Improvement (PI) Committee. Performance Improvement Committee consists of: Medical Director, Executive Director, Director of Nursing, Business Office Manager, Dietary Manager, Activities Coordinator, Health Information Manager, Director of Rehab, Social Services Director, Environmental Services Manager, Marketing Director, Admissions Coordinator, Wound Care Nurse, Maintenance Director, Staff Development Coordinator, and Assistant Director of Nursing. Performance Improvement Committee will make recommendations as necessary.
<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>(X3) COMPLETE DATE</th>
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Observations in room 206 on 2/4/14 at 7:50 AM, the room smelled of urine.  
Observations in room 206 on 2/5/14 at 10:47 AM and 12:20 PM. the room had a foul odor.  
During an interview beside room 206 on 2/4/14 at 9:10 AM, certified nursing assistant (CNA) #5 was asked what the odor was in the room 206. CNA #5 stated, "...It is his [Resident #15]wound." CNA #5 was asked if she smelled urine. CNA #5 stated, "...I don't know. I may be just use to the odor but it is his wound..."  
During an interview beside room 206 on 2/4/14 at 9:10 AM, CNA #6 was asked if she smelled anything in the room. CNA #6 stated, "I think it is his wound..." | N 645 | | |
| N 727 | 1200-8-6-.06(6)(b) Basic Services  
(6) Pharmaceutical Services.  
(b) All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms.  
This Rule is not met as evidenced by:  
Type C Pending Penalty #7  
Tennessee Code Annotated 68-11-304(c)7: All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms. Such cabinets or drug rooms shall be kept securely locked when not in | N 727 | | |

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use, and the key must be in the possession of the supervising nurse or other authorized persons then on duty.

Based on medical record review, observation and interview, it was determined the facility failed to store medication in a locked area for 1 of 33 (Resident #133) sampled residents included in the stage 2 review.

The findings included:


Observation in Resident #133's room on 2/3/14 at 5:18 PM, revealed an inhaler of Proventil on Resident #133's bedside table.

During an interview at nurses' station 2 on 2/3/14 at 5:18 PM, the Director of Nursing (DON) was asked about the Proventil on Resident #133's bedside table. The DON verified the medication should not have been on the bedside table.

During an interview in Resident #133's room on 2/6/14 at 3:30 PM, Resident #133 was asked about the inhaler that had been on his bedside table. Resident #133 stated, "The nurse took it and locked it up."