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 #18

Tennessee Code Annotated 68-11-804(c)(18):
Cleaning supplies, toxic substances and equipment shall be secured at all times to prevent access by patients. Toxic substances shall not be left unattended when not secure.

Based on observation and interview, it was determined the facility failed to ensure cleaning supplies and toxic substances were kept secured in 2 of 3 (400 hall dining room janitor closet and janitor closet adjacent to the 300/400 hall nurses' station) janitor closets and in 2 of 4 (400 hall and 100 hall central baths) central baths.

The findings included:

1. Observations in the 400 hall dining room on 2/24/14 at 5:50 AM, revealed a key in the unsecured janitor closet door. The janitor closet contained unsecured chemicals such as a container of Clorox germicidal cleaner hanging on the mop bucket, 2 quart cans of Restorer, 2 quarts of disinfectant, 1 quart of glass cleaner, 1 gallon of concentrated grease release, a (15 ounce) can of spray paint and a (16 ounce spray...
Continued From page 1

2. Observations of the janitor closet adjacent to the 300 and 400 hall nurses’ station on 2/24/14 at 6:30 AM, revealed a key in the unsecured janitor closet door. The janitor closet contained the following unsecured chemicals and cleaning supplies, automatic dispensing system with glass cleaner, peroxide cleanser, Top Flight Detergent Concentrate, and pH Ultra Disinfectant and a large bottle Thermoplastic Spray Buff. There was also an unlocked cabinet in the janitor closet that contained a bottle of bleach germicidal cleanser, a small bottle of Thermoplastic Spray Buff, a bottle of Clear Image Glass, full can of spray paint and 2 opened bottles of Top Flight Hi Performance Detergent.

3. During an interview in the Administrator’s office on 2/26/14 at 8:00 AM, the Administrator was asked if the janitor closets are locked and if chemicals should be secured away from resident access. The Administrator stated, “Yes, they are supposed to be...”

During an interview in the Director Of Nursing’s (DON) office on 2/26/14 at 8:20 AM, the DON was asked if the janitor closets should be locked. The DON stated, “Yes they should...” The DON was asked was it acceptable for keys to be left in the lock of the door. The DON stated, “No.”

4. Review of the facility's shower and whirlpool rooms policy documented, “...Supply cabinet locked...”

a. Observations in the 400 hall central bath on 2/24/14 at 2:40 PM, revealed an unsecured cabinet that contained a basket of 2 (8) ounces bottles of Purell hand sanitizer, 6 packets of
Continued From page 2

denture cleaner and 2 opened boxes of denture cleaners.

b. Observations in the 100 hall central bath on 2/24/14 at 6:40 AM, revealed an unlocked supply cabinet in the whirlpool area with a tub of Bleach Sani Cloths. The padlock was unlocked and a key was noted hanging beside the cabinet on a long chain that was within reach of residents.

During an interview in 100 hall central bath on 2/24/14 at 2:55 PM, Certified Nursing Assistants (CNA) #8 and 9 were asked if the cabinet is kept unlocked. CNA #8 stated, "No we keep it locked. Someone must have unlocked it and left the lock off." CNA #8 and 9 were asked where the lock would be? CNA #9 stated, "The key might be in the lock on the side... we keep it locked..."

During an interview in the DON's office on 2/26/14 at 8:20 AM, the DON when asked of chemicals need to be secured. The DON stated, "Yes, absolutely."

N 831 1200-8-6-.08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:
Type C Pending Penalty #9
Tennessee Code Annotated 68-11-804(c):
In general patient areas, each room shall be served by at least one (1) nurse's calling station and each bed shall be provided with a call button. Two (2) call buttons serving adjacent beds may be served by one (1) call station. Calls shall register in the nurses' station and shall activate a visible signal in the corridor. A nurses' call emergency button shall be provided for patient's use at each patient toilet, bath and shower room.

Based on observation and interview, it was determined the facility failed to ensure there was an operational resident call light system in 4 of 5 (100 hall men's restroom, 100/200 hall men and women's restroom, 100 hall handicap restroom and 200 hall handicap restroom) common restrooms used by residents.

The findings included:

1. Observations of the 100 hall men's restroom on 2/24/14 at 7:40 AM, revealed Resident #77 went into the restroom. There was no emergency pull inside the restroom for the male resident to call for assistance.

2. Observations of the 100/200 hall men and women's restroom on 2/24/14 at 6:20 AM and 4:30 PM, revealed a male resident coming out of the restroom. There was no emergency pull inside the restroom for the residents to call for assistance.

Observations of the 100/200 hall men and women's restrooms on 2/25/14 at 9:00 AM, revealed a male resident coming out of the men's restroom. There was no emergency pull inside the restroom for the residents to call for assistance.

handicap restroom. The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Business Office Coordinator, Registered Dietitian, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random observation audits to ensure compliance. If compliance is not met, the team will re-evaluate the nurse call emergency pulls and continue monitoring until substantial compliance is achieved. Different members of the QA Team will participate depending on the nature of the audit.

Completion date: 03/15/2014
<table>
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR I&amp;SC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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| N 831        | Continued From page 4  
3. Observations of the 100 hall handicap restroom on 2/26/14 at 7:55 AM, revealed there was no emergency pull inside the restroom for the residents to call for assistance.  
4. Observations of the 200 hall handicap restroom on 2/26/14 at 7:55 AM, revealed there was no emergency pull inside the restroom for the residents to call for assistance.  
During an interview in the Administrator's office on 2/26/14 at 8:00 AM, the Administrator was asked how a resident would call for assistance if needed when in the restroom. The Administrator stated, "Well there never has been a call light in there... I see what you are saying..." The Administrator then stated, "We don't have a call system in the handicap restrooms either. Did you see those room?" | N 831        |                                                                                                  |               |