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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>N 629</td>
<td>1200-8-6-.06(3)(b)8. Basic Services</td>
<td>Basic Services (3) Infection Control.</td>
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<td>Infection Control.</td>
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8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.

This Rule is not met as evidenced by:

Type C Pending Penalty #31

Tennessee Code Annotated 68-11-804(c)31: All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.

Based on policy review, review of product information, Association of Practitioners of Infection Control (APIC) guidelines, observation and interview, it was determined the facility failed to ensure practices were maintained to prevent the spread of infection when 3 of 9 (Nurses #1, 2 and 7) nurses failed to clean the glucometer with the required disinfectant or failed to sanitize a stethoscope after resident use and 1 of 9 certified nursing assistants (CNA #9) failed to disinfect a stethoscope after use on a resident in isolation for the organism clostridium difficile. The facility failed to use a disinfectant to disinfect a room that

Corrective Action: The facility will insure practices are maintained to prevent the spread of infection regarding sanitary hand hygiene, wearing appropriate personal protective equipment of isolation precautions, the cleaning of glucometers with the required disinfectant and the sanitization of stethoscopes between residents.

Inservice training for Certified Nursing Assistants staff, to include CNA #’s 1, 2, 3, 4, 6, 7, 8 and 9, was completed on 04-13-12 regarding proper sanitary hand hygiene requirements and wearing appropriate personal protective equipment for isolation precautions.
Inservice training for nursing staff, to include Nurse #’s 1, 2, 3, 4 and 7, was completed on 04-13-12 regarding proper sanitary hand hygiene, the proper cleaning of glucometers with the required disinfectant, and the sanitation of stethoscopes between residents.

Inservice training for Floor Maintenance and Housekeeping staff was completed on 04-13-12 regarding the requirement to clean isolation rooms with chlorine-based disinfectant.

The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Bookkeeper, Food Service Supervisor, Social Worker, Risk Management Nurse, 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-inservce the nursing staff 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: 04-30-12
Continued From page 2

Clostridium difficile in Healthcare Settings documented, "...Disinfectants commonly used in healthcare settings include quaternary ammoniums and phenolics, neither of which are sporicidal... only chlorine-based disinfectants... kills spores."

Observations on the 200 hall on 4/2/12 at 4:10 PM, CNA #9 came out of the isolation room with blood pressure machine. The resident was in isolation for the organism clostridium difficile.

During an interview in the 200 hall on 4/2/12 at 4:11 PM, CNA #9 was asked if she had used the blood pressure machine on both of the residents in the room. CNA #9 stated, "Yes, I take vital signs on all of the skilled residents."

During an interview in the activity office on 4/4/12 at 7:30 AM, the Assistant Director of Nursing (ADON) was asked if the resident in isolation had his own equipment. The ADON stated, "...yes, I saw [named CNA #9] come out of the isolation room yesterday and I asked her if she had wiped the blood pressure machine down and she told me that she didn't."

During an interview in the activity office on 4/4/12 at 2:40 PM, the Administrator was asked what the facility used to clean isolation rooms. The Administrator stated, "The facility uses OxyFect on surfaces and PH7 Q Ultra on floors."