F 176
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.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview the facility failed to assess residents for self administration of medication for one (#1) of nine residents reviewed.

The findings included:

Resident #1 was admitted to the facility on August 25, 2012, with diagnoses including Fractured Tibia, Hypertension, and Hypercholesterolemia.

Medical record review revealed a Minimum Data Set had not been completed due to the admission date of August 25, 2012.

Observation and interview with resident #1 on August 27, 2012, at 10:00 a.m., revealed the resident lying in bed watching the television. Continued observation revealed a bottle of Zegerid OTC (Over the Counter) 20 mg capsules (medication for heartburn) sitting on the resident's over bed table. Continued observation revealed the label on the bottle stated the bottle contained fourteen capsules and thirteen capsules were in the bottle upon observation. Interview with the resident, at that time, revealed, "I take one capsule every morning for my heartburn. I take it before breakfast."

F 176
8/27/12

1. Corrective actions accomplished for the resident found to have been affected by the deficient practice: With the resident's permission, the resident's medication was placed in the resident's medication drawer on the medication cart for administration by the nurse on 8/27/12.

2. Identification of other residents having the potential to be affected by the same deficient practice: Because all residents have the potential to be affected by this practice, the DON assessed all residents for presence of medications at the bedside and no medications were found by 8/28/12.

3. Systemic and Process Changes Implemented to Prevent Recurrence:
   a. All RNs, LPNs, CNAs, Social Worker and Activity Coordinators were re-educated on the policy "Home Medications/Self Administration of Medications 1-600-3.29" (Attachment A) as well as use of the "Self Administration of Medication Assessment Form" (Attachment B) during inservice and one-to-one education by the DONs by 9/12/12 (Attachment C). This policy guides the assessment of the resident for the capability of medication self-administration. The RN who was on vacation during the education will be re-educated when she returns to work. Review of policy will be added to orientation for new RNs, LPNs and CNAs.
   b. Social Worker will include notification to residents/families prior to admission to the facility on the Home Medication/Self Administration policy during the pre-admission interview and Home Medications/Self Administration policy will be discussed with resident/family during Care Plan meetings.

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 20 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.
Medical record review of a Physician's Order dated August 27, 2012, revealed, "May have Zegerid at bedside."

Interview with Registered Nurse (RN) #1 on August 27, 2012, at 10:15 a.m., at the nursing station, revealed, "The resident asked if he/she could have the Zegerid at bedside. The resident appeared alert and oriented so I called the physician and got an order to leave it at bedside". Continued interview revealed the Physician had not been to the facility to evaluate the resident since the day of admission on August 29, 2012.


Review of the label on the bottle of Zegerid OTC revealed, "DRUG FACTS...Sodium Bicarbonate 1100mg (milligrams)"

Review of the Epocrates Medical Reference, 2012, revealed, "...Do not crush or chew...Give one hour before meals...Caution if sodium restrictions ..."

Interview with RN #1 on August 28, 2012, at 10:30 a.m., in the Administrator's Office revealed, "The Physician ordered the 2gm Sodium Diet because I reminded him that the Zegerid OTC contained 1100 mg of sodium in every capsule." Continued interview, at that time, revealed, "The Zegerid OTC would be given by the nurse every day."

Interview with RN #1 on August 28, 2012, at 11:15 a.m., at the nursing station, confirmed the

c. Resident/family education of the "Home Medications/Self Administration of Medications" policy has been added to the admission check-off list (Attachment D).

4. Audits for both buildings:
The DONs/Charge RNs will round on each admission to ensure no bed-side medications are present or that any resident deemed appropriate for medication self-administration has been assessed for competency to self-administer medications by the primary nurse, that the assessment has been documented, and that a physician order for patient self-administration of specific medications has been obtained. Results reporting of this audit have been added to the agenda (Attachment E) by 9/12/12 and will be presented at the monthly Quality Committee meeting beginning at the October meeting. Members of this committee include the Medical Director, Nursing Home Administrator, DONs, Social Worker, Dietician, Activities Director and the MDS Coordinator.
### F 176
*Continued From page 2*

resident had not been assessed for self administration of medication.

#### F 273
483.20(b)(2)(i) COMPREHENSIVE ASSESSMENT 14 DAYS AFTER ADMIT

A facility must conduct a comprehensive assessment of a resident within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview the facility failed to complete a fourteen day Minimum Data Set (MDS) for one resident (#2) of nine residents reviewed.

The findings included:

- Resident #2 was admitted on August 1, 2012, with diagnoses including Anemia, Urinary Tract Infection, Diabetes Mellitus, Prostate Cancer, and Pancreas Cancer.

Medical record review revealed no fourteen day MDS assessment available in the chart for review.

Interview with the Director of Nursing, on August 28, 2012, at 8:15 a.m., in the nurse's station, confirmed no MDS assessment had been completed for resident #2 prior to August 27, 2012.

<table>
<thead>
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| F 176 | D | Continued From page 2
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<td>F 273</td>
<td>Continued From page 3</td>
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<tr>
<td></td>
<td>Interview with the MDS Coordinator, on August 28, 2012, at 1:00 p.m., in the MDS office, confirmed no fourteen day MDS had been completed by August 23, 2012. Continued interview confirmed the fourteen day MDS had been completed on August 27, 2012.</td>
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<tr>
<td>F 371</td>
<td>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</td>
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<td>The facility must -</td>
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<td>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</td>
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<td></td>
<td>(2) Store, prepare, distribute and serve food under sanitary conditions</td>
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This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to provide sanitary storage of food and equipment and failed to maintain appropriate serving temperatures for food items on the tray line in kitchen #1 and failed to ensure a pest free environment in the dry storage area in kitchen #2.

The findings included:

Observation of the dietary department in kitchen #1 on August 27, 2012, from 10:30 a.m. until 11:15 a.m., revealed:
1. One six pound nine ounce can of Mandarin Oranges was dented and available for use;
2. One opened, plastic container of icing in the
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Continued From page 4
walk-in refrigerator, had an expiration date of August 22, 2012 and available for use;
3. Grapes uncovered, in a metal pan with water, stored in the walk-in refrigerator and available for use;
4. Frozen taco meat covered with broken plastic wrap and aluminum foil had an expiration date of June 25, 2012, and available for use;
5. Three containers of sausage balls in the walk in freezer had expiration dates of June 6, July 15, and July 5, 2012, and available for use;
6. Five pound container of thicker stored open on the shelf in the dry storage area and available for use;
7. A five pound bag of flour, unlabeled, stored open on the shelf, and available for use;
8. A two pound bag of almonds, unlabeled, stored open on the shelf and available for use;
9. Table mounted can opener had chunks of tomato stuck to it and available for use;
10. A large plastic container of sugar, unlabeled, and available for use;
11. A container of cocoa had a spoon inside and available for use;
12. A container of cinnamon had a spoon inside and available for use;
13. A piping bag full of icing, unlabeled, wrapped in clear plastic wrap and available for use;
14. A container of chicken fry had a scoop inside and available for use;
15. There was in excess of five flies in the kitchen;
16. Standing water in the dishwasher area of the kitchen and no Wet Floor sign present;
17. A walk-in refrigerator door was cracked open three inches for a minimum of 5 minutes;
18. Dishwasher final rinse was at sixty-five degrees instead of the required one hundred degrees.

10. The sugar container was labeled appropriately on 8/27/12.
11. The container of cocoa was disposed of on 8/27/12.
12. The container of cinnamon was disposed of on 8/27/12.
13. The bag of icing was disposed of on 8/27/12.
14. The scoop was removed from the container of chicken fry coating and the responsible employee was counseled on 8/27/12.
15. Staff were instructed to keep the hallway doors closed to reduce chance of flies entering the dietary department on 8/28/12.
16. A “Wet Floor” sign was placed in the dishwasher area where the floor was wet on 8/27/12.
17. The door on the walk-in refrigerator was closed on 8/27/12.
18. Facility Plant Operations had performed maintenance on the dishwasher and then repairman (Hobart) was contacted on 8/27/12. Repairman arrived and completed repairs on 8/28/12. The Director of Dietary has requested quotes for a new dishwasher.
19. Repairman (Ecolab) arrived on 8/28/12 for the sanitizer tank. The sanitizer would not calibrate with 80° water entering tank.
20. The stand-up meat slicer was thoroughly cleaned on 8/27/12.
21. The food strainer was removed from service on 8/27/12.
22. The entire tray line was broken down and cleaned on 8/27/12.
23. The sheet pan was cleaned on 8/27/12.
24. The spatula was cleaned on 8/27/12.
25. All items were removed from the shelf and all items, including the container with tongs, were cleaned.
**F 371** Continued From page 5

19. The sanitizer sink measured over 500 parts per million and was being used;
20. The stand-up meat slicer had particles of sliced meat and a build-up of food debris on the base, and available for use;
21. A cone shaped food strainer had a build-up of yellow food debris in the bottom of the strainer, and available for use;
22. The tray line had a build-up of food particles and debris under the entire line, and available for use;
23. A sheet pan had food particles and debris and available for use;
24. A spatula had a crusty build-up of food on the end of the blade and available for use;
25. Six tongs were stored in a container with food particles and debris in the bottom, and available for use.

Interview with the dietary manager on August 27, 2012, at 11:15 a.m., in the dietary department, confirmed dented cans were to be removed from stock; all expired food items were to be disposed of on their expiration date; all open food in the walk in refrigerator was to be covered; all items stored after opening were to be closed and labeled with an expiration date; the table mounted can opener should have been cleaned after being used; all plastic containers used for storage were to be labeled with contents; no spoons or scoops were to be stored in containers with products; there were to be no flies in the kitchen; a wet floor sign needed to be in the dishwasher room; the walk in refrigerator door should have been closed after being used; the dishwasher temperatures were not in acceptable ranges; the sanitizer sink was not in acceptable range; the
### F 371
Continued From page 6
Stand up meat slicer was dirty and needed to be cleaned; the strainer, spatula, tongs, and sheet pan all needed to be cleaned; and the tray line needed to be taken apart and cleaned.

Observation of food temperatures in the dietary department on August 27, 2012, between 11:15 a.m., and 11:30 a.m., on the tray line revealed:
1. Green beans at 131 degrees Fahrenheit;
2. Chicken patties at 134 degrees Fahrenheit.

Interview with the dietary manager on August 27, 2012, at 11:30 a.m., in the dietary department, confirmed the temperatures of the food on the tray line had fallen below acceptable temperature limits since being placed on the steam table for service.

Observation of food temperatures in the dietary department on August 28, 2012, between 11:15 a.m., and 11:30 a.m., on the tray line revealed:
1. Pork chops at 124 and 137 degrees Fahrenheit;

Interview with the dietary manager on August 28, 2012, at 11:30 a.m., in the dietary department, confirmed the temperatures of the food on the tray line had fallen below acceptable temperature limits since being placed on the steam table for service.

Observation on August 27, 2012 at 2:10 p.m., in the kitchen #2 dry storage area revealed the presence of ants on the dry storage shelving, located on the east wall of the room. Continued observation, revealed a line of ants entering the dry storage room through a penetration in the
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Concrete floor beside the electrical conduits. Continued observation revealed an open cardboard case containing 16 sealed packets of four ounce maple syrup atop the shelf. Continued observation revealed ants were present on the outside of the case.

Continued observation of the dry storage racks on the west wall of the dry storage room revealed multiple ants present on the shelving. Above the shelving were two cardboard boxes containing sealed individual packs of sugar, and Splenda (a sugar substitute). Continued observation revealed ants were also present on the outside surface of a sealed box which contained cases of sealed cereals.

Interview with Dietary Manager #2 on August 27, 2012, at 2:15 p.m. in the dry storage room, confirmed the presence of ants on the shelving used to store dry goods which were available for resident use.

F 371

2. Identification of other residents having the potential to be affected by the same deficient practice: All residents had the potential to be affected by deficiencies in the dietary department.

3. Systemic and Process Changes Implemented to Prevent Recurrence: All scheduled dietary employees were educated by the Director of the Dietary Department on each item identified during the survey by 9/13/12 (Attachment F). Employees who are off duty (i.e. sick leave or vacation) will be educated on each item upon their return to duty. All new employees will be oriented to the requirements during the orientation process. The Dietary Director was instructed by the CNO and Infection Control Practitioner to notify Administration and the Infection Control Practitioner any time the dishwasher temperature is unsatisfactory so that we ensure interim measures are implemented for resident safety on 8/28/12.

4. Audits for both buildings

A tool (Attachment G) was developed for use in auditing items needing improvement identified in the survey. The tool was implemented 9/13/12. The Dietary Consultant, Director of Dietary Department, Nursing Home Administrator and DON/designee are responsible for monitoring each item at least 3 times weekly for 3 months, then weekly for 9 months or until our next annual licensure survey. Audit results will be reported to the Quality Committee monthly beginning at the October meeting. The Quality Committee representatives include the Medical Director, Nursing Home Administrator, DONs, Social Worker, the Dietician, the Activities Coordinator and MDS Coordinator. The audit

9/13/12
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<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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<tbody>
<tr>
<td>N 000</td>
<td>Initial Comments</td>
<td>N 000</td>
<td>results will also be reported monthly to the Safety Committee beginning at the 9/18/12 meeting. The members of the Safety Committee include the Plant Operations Director of both facilities, CNO, COO, Patient Safety Officer/Quality Manager, Materials Management Director, OB Manager, ED Manager, Lab Manager, Patient/Staff Educator, Risk Manager, EVS Manager and Imaging Director.</td>
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During the annual licensure survey conducted on August 27 - 29, 2012, at Southern Tennessee Medical Center SNF, no deficiencies were cited in relation to the survey under 1200-8-6, Standards for Nursing Homes.