The facility must provide housekeeping and maintenance services necessary to maintain a
sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on policy review, review of job
descriptions, observation and interview, it was
determined the facility failed to ensure the
residents' environment was maintained to be
clean and sanitary as evidenced by odors, dirty or
stained floors, rusty door fixings, dirty walls,
chipped floor tiles, dark, black buildup around
toilets, a broken towel rack and missing cove
bases in 5 of 14 (bathrooms for rooms 302,
400/402, 403/405, 404/406 and 407/409) resident
bathrooms and 5 of 34 (rooms 204, 404, 405, 406
and 409) resident rooms.

The findings included:
1. Review of the facility's housekeeping policy for
floors documented, "...Floors shall be maintained
in a clean, safe, and sanitary manner... 1. All
floors shall be mopped / cleaned / vacuumed
daily in accordance with our established
procedures..."

Review of the facility's housekeeping policy for
bathrooms documented, "...Bathroom shall be
maintained in a clean and sanitary manner and
shall be cleaned on a daily basis... 2. Daily
bathroom cleaning includes... f. Cleaning walls,
mirrors, pipes, shelves... g. Cleaning partitions,
wash basins, commodes... i. Sweeping, mopping,
and scrubbing floors..."
2. Review of the Director of Maintenance's job description for safety and sanitation documented, "Ensure that the facility is maintained in a safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained and operable to perform necessary duties and services."

Review of the housekeeping and laundry supervisor job description documented, "...Conduct daily inspections of assigned work areas to assure that cleanliness and sanitary conditions are maintained..."

3. Observations of resident rooms and bathrooms on 3/5/14 revealed the following:
   a. At 11:58 AM - bathroom connecting rooms 400/402 - the vinyl around the toilet dark-stained; the corners at door facings and the vinyl floor around the cove base with dirty buildup and the door facing was rusty and chipped away at bottom.
   b. At 12:15 PM - room 204 had strong urine odor present.
   c. At 4:37 PM - bathroom connecting rooms 407/409 - the door facing paint was scraped off to the metal and rusty - all 4 facings; dirt build up at threshold on the vinyl floor at entrance to bathroom; dark-black build-up around toilet base; the wall behind the toilet and sink was spattered with blue-green substance; there was a crack in the middle of the vinyl floor about 3 feet in length and the bathroom floor was sticky.

4. Observations of resident rooms and bathrooms on 3/6/14 revealed the following:
   a. At 8:45 AM - bathroom connecting rooms 404/406 - dirty build-up around edge of cove base

   bathroom 403/405 was deep cleaned by housekeeping staff. Resident room 404 was deep cleaned on 3/11/14 by housekeeping staff and wall will be painted by 4/5/14 by maintenance department. Cove base will be repaired by 4/5/14 in room 409 and broken towel rack will be repaired by 4/5/14 by maintenance department. Floor tile in room 400 will be repaired by 4/5/14 by maintenance staff. On 3/12/14 facility Housekeeping supervisor created a deep cleaning schedule. Housekeeping supervisor will inservice housekeeping staff on 4/2/2014 regarding deep cleaning of resident rooms, restrooms, and all common areas, as well as the facility cleaning schedule.

   Housekeeping supervisor or designee will make walking rounds of the facility to include all common areas daily for 4 weeks and then randomly thereafter to ensure that the facility is maintaining a sanitary, orderly and comfortable interior.

   All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.
**DOUGLAS NURSING HOME**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<tr>
<th>ID</th>
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<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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| F253 |  | Continued From page 2 on the floor and around toilet; a dark brown substance dried on the door to room 404; 3 different areas of a dark brown dried substance on the wall beside the sink and tile broken and missing at the door facing to room 406. b. At 9:08 AM - bathroom connecting rooms 400/402 - a smeared area of brown substance on the wall above the trash can beside air unit. c. At 8:00 AM - room 409 - a smeared area of brown substance on the wall above the trash can beside the air conditioner. d. At 10:15 AM - room 405 - a dried brown-black substance on door facing and on the wall under the sink. e. At 10:15 AM - bathroom connecting rooms 403/405 - dirt build up at the door facing and the vinyl floor around the toilet. f. At 10:55 AM - room 404 - the paint on the wall next to the closet was chipped and peeling off and the floor had a dirt build up beside the air conditioner. g. At 2:30 PM - room 409 - cove base missing beside the door and a broken towel rack laying on the floor. 5. Observations of resident rooms and bathrooms on 3/7/14 revealed the following: a. At 8:15 AM - room 302 - strong feces odor. b. At 11:59 AM - room 400 - floor tile chipped and broken around air conditioner. During a tour of facility and interview with the Housekeeping Supervisor on 3/7/14 beginning at 2:00 PM, the Housekeeping Supervisor was asked if the bathroom connecting rooms 400/402 were clean. The Supervisor shook her head "No." When asked about the broken missing tile next to the air unit in room 400, the Housekeeping Supervisor stated, "That would be Maintenance...
F 253 Continued From page 3

responsibility... We did a whole tour and wrote up what needs to be done." When asked about the brown smeared substance on the wall next to the air unit the Supervisor stated that "it may be in the concrete." A housekeeper was present sprayed the wall and the brown substance was removed. When asked about the cleanliness of the bathroom connecting rooms 403/405 the Supervisor stated, "This was also built up. It needs deep cleaning." When asked about the toilet base, the Housekeeping Supervisor stated, "Maintenance responsible and has been notified." When asked about the cleanliness of bathroom connecting rooms 404/406, the Housekeeping Supervisor shook her head "No." When asked about the bathroom connecting rooms 407/409 she stated, "Touch up paint was needed on room 407 door facing. It has been written up already for Maintenance." When asked if the 407's bathroom was clean, the Supervisor shook her head "No."

During an interview in the conference room on 3/7/14 at 4:05 PM, the Maintenance Supervisor was asked how he was informed of needed maintenance repairs and upkeep. The Maintenance Supervisor stated, "As people inform me and put it on a work order, I get it done as soon as I get them. I get it done within the week." When asked if he had any work orders for the 400 hall he stated, "No." When asked if he would be the one to replace tiles and grout around the toilet bases he stated, "Replace it - Yeah... I would count on housekeeping, residents and nurses to let me know."

During an interview in the social service's office on 3/7/14 at 4:30 PM, the Director of Nursing stated, "We don't have a policy on odors... we recognize that where there are wounds,
**DOUGLAS NURSING HOME**

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<th>(X5) COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 253</td>
<td>F 253</td>
<td>No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.</td>
<td>4-5-14</td>
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<tr>
<td>F 278</td>
<td>F 278</td>
<td>On 3/7/14 Resident #63 MDS was corrected to reflect resident status of Hospice Care not Dialysis Care. On 3/25/14 Director of Nursing inserviced MDS Coordinator on accuracy of MDS to reflect the resident's status.</td>
<td>4-5-14</td>
</tr>
<tr>
<td>SS=D</td>
<td></td>
<td>DON or designee will review all completed MDS weekly for 4 weeks and then randomly thereafter to ensure that the MDS assessments accurately reflect the resident's status.</td>
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<td></td>
<td>All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.</td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

- **F 253**
  - Continued From page 4.
  - colostomies, incontinence, there are going to be odors... as soon as we recognize an odor we get right on it... the CNAs [certified nursing assistants] put soiled materials in barrels and take them to the soiled utility. They don't leave them in the rooms."

- **F 278**
  - 483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED
  - The assessment must accurately reflect the resident's status.
  - A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.
  - A registered nurse must sign and certify that the assessment is completed.
  - Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.
  - Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment.
  - Clinical disagreement does not constitute a material and false statement.
### F 278

**Continued From page 5**

This REQUIREMENT is not met as evidenced by:

Based on medical record review and interview, it was determined the facility failed to ensure an assessment was accurate for dialysis and hospice care for 1 of 1 (Resident #63) sampled residents.

The findings included:

Medical record review for Resident #63 documented an admission date of 7/15/13 and readmitted 1/31/14 with diagnoses of Congestive Heart Failure, Pacemaker, Old Cerebral Vascular Accident, Hypertension, Schizophrenia, Senile depressive disorder, Generalized Anxiety, Esophageal Reflux, Gout, Dementia, Chronic Kidney Disease and Palliative Care. The admission Physician orders dated 1/31/14 documented "Hospice." Nurses note dated 2/4/14 documented, "Hospice care cont [continues] for comfort measures..." Nurses note dated 2/6/14 documented, "Hospice here for a visit tonight." The care plan included hospice care.

The Significant Change Minimum Data Set (MDS) dated 2/10/14, documented the resident was receiving dialysis care but did not address the resident was receiving hospice care.

During an interview in the Administrator's office on 3/7/14 at 11:15 AM, the MDS Coordinator was asked about Resident #63 receiving Hospice. The MDS Coordinator stated, "When printing off this MDS you requested, I noticed it was marked that he was getting dialysis, that is not correct, he is getting hospice. I have corrected that and brought you a copy of the original MDS and the correction MDS I did."
F 332
SS=E
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 policy review, observation and interview, it was determined the facility failed to ensure 3 of 3 (Nurses #1, 2 and 3) nurses (day shift) administered medications with a medication error rate less than 5 percent (%). There were 13 medication errors out of 29 opportunities for error, which resulted in a medication error rate of 44.82%

The findings included:

1. Review of the facility's "Medication Administration Schedule" policy documented, "...A physician's order for specific times supersedes any routine schedule..."

2. Medical record review for Resident #22 documented an admission date of 3/8/12 with a readmission date of 9/17/13 with diagnoses of Total Impairment Both Eyes Osteoporosis, Corneal Opacity, Cirrhosis, Hepatitis C, Reflux, Arthritis, Anxiety and Insomnia. Review of physician's orders dated 2/3/14 documented, "...MORPHINE SUL [sulfate] 15MG [milligrams] ER [extended release]... ONE TABLET THREE TIMES [TID] A DAY 9:00 AM, 1:00 PM, 9:00 PM... MORPHINE SUL 30MG ER ONE TABLET TID... 9:00 AM, 1:00 PM, 9:00 PM.

Observations in Resident #22's room on 3/5/14 at...
**F 332**  
Continued From page 7  
4:35 PM, Nurse #1 administered Morphine Sul 15mg ER one tablet and Morphine Sul 30mg ER one tablet to Resident #22. The failure to administer the medications at the time they were ordered resulted in 2 medication errors.

During an interview on the 100 hall on 3/7/14 at 5:45 PM, Nurse #1 stated, "Someone has changed the time... supposed to be spaced out with his other pain meds... for pain management... suppose to give it at 9:00 AM, 1:00 PM, 5:00 PM... we changed pharmacist three days ago..."  

3. Medical record review for Resident #35 documented an admission date of 8/1/11 and readmission date of 2/2/14 with diagnoses of Malnutrition, Psychosis, Anxiety, Agitation, Huntington's Chorea, Seizure, Muscle Spasm, and Dysphagia. Review of physician's orders for Resident #35 dated 2/3/14 documented, "...BACLOFEN 20MG ONE TABLET THREE TIMES A DAY... 9:00 AM, 1:00 PM, 5:00 PM...CITALOPRAM 10MG ONE TABLET 9:00 AM...DIAZEPAM 10MG ONE TABLET THREE TIMES A DAY... 10:00 AM...3:00 PM...9:00 PM...OLANZAPINE 10MG... ONE TABLET TWICE DAY... 9:00 AM...9:00 PM... PHENYTOIN SUS [suspension] 125/ [per] 5ML [milliliters] EVERY 8 HOURS... 9:00 AM...5:00 PM...9:00 PM... FOLIC ACID 1MG... DAILY...9:00 AM... LAMOTRIGINE 100MG... TWICE A DAY...9:00 AM...9:00 AM... LEVETIRACETA.SOL [solution] 15ML TWICE A DAY... 9:00 AM...9:00 PM... RANITIDINE 150MG... TWICE A DAY...9:00 AM...9:00 PM... SILAC SYRUP...GIVE 15MLS Q [every] DAY...10:00 AM..."

Observation in Resident #35's room on 3/6/13 at
Continued From page 8
11:20 AM, Nurse #2 entering Resident #35's room while carrying the medications on a tray. Nurse #2 spilled the miralax that was mixed with 240 milliliters (mls) water onto the other medications that were in 9 medicine cups. Nurse #2 stated, "I know what these meds are... but not for sure what the others are... I think one might be the foliac acid...I will have to ask what to do..." Nurse #2 proceeded to administer 6 of the 10 medications. Nurse #2 flushed 4 meds down commode.

During an interview outside Resident's #35's room door on 3/4/13 at 12:05 PM, the Assistance Director of Nursing (ADON) was asked should Nurse #2 have given the medications since she wasn't for sure what the medications were. The ADON stated, "I would have thrown them [medications] all away."

During an interview on the 200 hall on 3/4/14 at 12:12 PM, the Director of Nursing (DON) asked Nurse #2, "What happened?" Nurse #2 stated, "I gave the med that I knew what was, but I didn't know what the other medicines were." The DON was asked what should have Nurse #2 have done. DON stated, "Should have started all over, just call the doctor." This resulted in 10 medication errors.

4. Medical record review for Resident #68 documented an admission date of 2/28/14 with diagnoses of Sepsis, Hyperlipidemia, Anxiety, Dementia, Dysphagia, Aspiration Pneumonia, Hypertension and Diabetes Mellitus Type 2. Review of physician's order for Resident #68 dated 3/5/14 documented,"...220mg ferrous sulfate... give 5 mls per peg at 6a, 2p, 5p..."
**F 332**  Continued From page 9  
Observation in Resident #68's room on 3/7/14 at 11:20 AM, Nurse #3 administered 5mls of Ferrous Sulfate. The failure to administer the Ferrous Sulfate at the correct time resulted in a medication error.

During an interview in the DON’s office on 3/7/14 at 1:40 PM, the DON was asked how long does the nurse have to give medications. The DON stated, “One hour before and one hour after.” The DON was asked, if the nurse should give a medication 2 hours past the time it was ordered. The DON stated, “No, they would have to call the doctor.” The DON was asked should a medicine that has been ordered be given at 9:00 PM be given at 5:00 PM. The DON stated, “No, unless it’s a pm [as needed] order. The DON was then asked, should the physician's orders and the medication administration record match. The DON stated, "Yes."

**F 371**  483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  

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

This REQUIREMENT is not met as evidenced by:  
Based on policy review, observations and interviews, it was determined the facility failed to

**F 371**  F371  
No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.

On 3/7/14 Director of Dietary Services overserved dietary staff on facility's Hand Washing and Hygiene policy as well as the Dishwasher policy. Dietary staff will be overserved again on 4/2/14 regarding Hand Washing and Hygiene policy by the Director of Dietary Services. On 3/7/17 pots and pan with carbon buildup were removed from cabinet where the clean pans were stored by the Director of Dietary Services.
**Statement of Deficiencies and Plan of Correction**

- **Provider/Supplier/Clinic Identification Number:** 445434

**Name of Provider or Supplier:**

DOUGLAS NURSING HOME

**Street Address, City, State, Zip Code:**

2084 W MAIN ST
MILAN, TN 38358

**Date Survey Completed:** 03/05/2014

<table>
<thead>
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<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
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<tr>
<td>F 371</td>
<td>Continued From page 10 ensure proper sanitation and food handling practices were followed, as evidenced by failure of staff to wash hands between the handling of dirty and clean dishes, and by carbon build-up on the cookware during 2 of 3 days (3/6/14 and 3/7/14) of the survey. The findings included:</td>
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<td>1. Review of the facility's handwashing policy documented, &quot;HANDWASHING... DIETARY... POLICY STATEMENT... Hand washing / hand hygiene is regarded by this facility as the single most important means of preventing the spread of infection... Appropriate hand washing procedures should be followed... After working with unclean equipment, work surfaces, clothing, wash clothes... After cleaning away / scraping away soiled dishes and utensils...&quot;</td>
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<td>Review of the facility's handwashing / hand hygiene policy documented, &quot;...Handwashing/Hand Hygiene...Purpose of Handwashing/Hand Hygiene...All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...&quot;</td>
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<td>Review of the facility's dishwasher policy documented, &quot;...DISHWASHER... DIETARY... POLICY STATEMENT... it is the policy of this facility that proper hand washing procedure will be followed when transferring dishes from dirty to clean in the dishwasher... Appropriate hand washing procedure should be followed when transferring from loading dirty dishes into the dishwasher to taking clean dishes out... Before going to the clean side of the dishwasher: Remove gloves... follow appropriate hand...&quot;</td>
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**ID Prefix Tag**

F 371

**Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)**

Director of Dietary Services or designee will observe Dishwashing Services weekly for 4 weeks as well as conduct weekly checks of pot and pan storage weekly for 4 weeks to ensure that the facility stores, prepares and distributes, and serves food under sanitary conditions.

All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.
F 371 Continued From page 11
washing procedures..."

Observations in the kitchen on 3/7/14 at 8:50 AM, dietary staff member #1 was washing dishes in the dishroom and then loading them into the dish machine while wearing gloves. The dietary staff member removed the clean dishes from dish machine while wearing the same gloves. She did not remove the gloves or wash her hands between handling the dirty and clean dishes.

During an interview in the kitchen on 3/7/14 at 8:55 AM, the Certified Dietary Manager (CDM) was asked to explain the policy for hand hygiene while using the dish machine. The CDM stated, "Supposed to remove their gloves and come over here and wash their hands before they remove the clean dishes..."

During an interview in the hall outside the administrator's office on 3/7/14 at 9:30 AM, the CDM stated, "I just had a meeting with my staff... reiterated the hand-washing procedures."

2. Observations in the kitchen on 3/6/14 at 2:45 PM, and 3/7/14 at 8:50 AM, revealed a cookie sheet with black build-up turned upside-down on top of the deep fryer, a large stock pot, two muffin pans and a large pan with black discoloration on their bottoms. These dirty pans were stored in the same cabinet with clean pans.

During an interview in the kitchen on 3/6/14 at 2:45 PM, the CDM was asked about the cookie sheet turned upside-down on the deep fryer. The CDM stated, "Don't use that, just have it as a cover to keep someone from falling and getting burned in hot grease..."
DOUGLAS NURSING HOME

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<td>F 371</td>
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<td>During an interview in the kitchen on 3/7/14 at 8:55 AM, the CDM was asked what is the black build-up on the cookie sheet. The CDM stated, &quot;We don't use that, just use it to cover the fryer to keep things from getting in the oil, like when they are sweeping and mopping.&quot; The CDM was asked what was the black discoloration on the muffin pans. The CDM stated, &quot;We don't use those, they just use those for activities and things.&quot;</td>
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| SS=E          | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS                                            |
|               | 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. |
|               | 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 |

4/5/14

No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.

On 3/7/14 facility separated oral and external medication located in medication room #1 and #2, and removed 2 boxes of Bisacodyl 10 that was expired from medication room #1. On 3/28/14 representative from Pharmacy will be in facility and conducted an audit of both medication room #1 and #2 to ensure that medications were stored properly and that there were not expired medications. On 3/28/14 facility Director of Nursing and representative from Pharmacy will organize both medication carts to ensure that all items on the cart were properly stored. On 4/2/14
DOUGLAS NURSING HOME

F 431 Continued From page 13

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 policy review, observation and interview, it was determined the facility failed to ensure that medications were not stored past their expiration date; internal and external drugs were not stored together and chemicals were stored separately from medications in 3 of 6 (Medication room #1, Medication room #2 and Medication cart #2) medications storage areas.

The findings included:

1. Review of the facility's medication storage policy documented, "...Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier... c. Orally administered medications are kept separate from externally used medications, such as suppositories, liquids, and lotions... It. Potentially harmful substances (such as urine test
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<td>F 431</td>
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| | reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in a locked area separately from medications."

2. Observations in medication room #1 on 3/6/14 at 3:00 PM, revealed 6 boxes of Tylenol 650 milligrams (mg) suppositories stored on the same shelf with Tylenol 325 mg tablets and Tylenol 325 mg liquid. There were 2 boxes of Biscadryl 10 mg suppositories stored past the expiration date of 12/13. 

During an interview in medication room #1 on 3/6/14 at 3:00 PM, Nurse #1 confirmed the medications were stored past their expiration date and stated, "Yes, they are expired. They're bad."

During an interview in medication room #2 on 3/7/14 at 8:40 AM, the Director of Nursing (DON) stated, "The pharmacy nurse came and was supposed to get rid of all the expired items."

3. Observations in medication room #2 on 3/7/14 at 8:00 AM, revealed an opened box of Anumed suppositories stored alongside the oral medications and a large bag of pipe tobacco.

4. Observations of medication cart #2 on 3/7/14 at 7:40 AM, revealed 2 tubes of Derma Bond Cream, 1 tube of Gold Bond Cream, 2 packages of Skin Protectant, 1 sticky boxed ready to use Saline Enema, a container of Sani Cloths, 3 bottles of liquid Elder Tonic, 1 bottle of liquid Stool Softener, 2 bottles of liquid Valporic Acid, 1 bottle of liquid Iron, 1 bottle of liquid Expectorant, 1 bottle of Calcium Carbonate, 1 bottle of Miralax, 2 bottles of liquid Megace, 1 bottle of liquid Antacid, 1 bottle of Nuscript, 1 bottle of liquid Vitamins, 2...
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<tr>
<td>F 431</td>
<td>Continued From page 15 bottles of liquid Tylenol, 1 bottle of Geri Tonic, 1 bottle of Geri Lant Antacid, 1 bottle liquid Potassium, 1 bottle liquid Mineral Oil, 1 bottle of Prostat, 1 bottle of liquid Metamucil, 1 bottle of Fish Oil capsules, 1 Wandergard transmitter, Money in a plastic bag, the Locked narcotics box, and 1 container of Glucagon Injectable all stored together in the bottom drawer of the medication cart. Observations of medication cart #2 on 3/7/14 at 7:40 AM, revealed 2 boxes of waxed paper, cotton balls, oxygen tubing, an open yellow box of razors, a resident watch, a syringe, and 2 wandergards, an open yellow box of batteries, nail clippers, cotton tipped applicators, hand sanitizer, an open box of tuberculin syringes, keys, 39 glucometer sani cloth packages, a box of Tuberculin injectable, an intravenous start kit, an open box of lancets, a box of alcohol prep pads, and a box of Tylenol Suppositories stored in the drawer above the bottom drawer of the medication cart. During an interview on the 400 hall beside medication cart #2 on 3/7/14 at 8:40 AM, the Director of Nursing (DON) was asked if it was acceptable for internals, externals and chemicals to be stored together in the same drawer. The DON stated, &quot;No&quot;, as she shook her head negatively.</td>
<td>4-5-14</td>
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<tr>
<td>F 441</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS F441 No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency. On 3/10/14 the Director of Nursing conducted an in-service with nurse #1 regarding infection</td>
<td>4-5-14</td>
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</tbody>
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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 nosocomial infections.
F 441 Continued From page 16 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 in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(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) 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) 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 observation and interview, it was determined the facility failed to ensure 1 of 3 (Nurse #1 and 2) nurses disinfected the glucometer before and after performing an
**DOUGLAS NURSING HOME**

**F 441** Continued From page 17 accucheck.

The findings included:

Observations in Resident #59's room on 3/5/14 at 4:51 PM, Nurse #1 performed an accucheck and wiped the glucometer off with an alcohol swab after using it.

During an interview on the 100 hall on 3/5/14 at 5:00 PM, Nurse #1 was asked if she cleaned the glucometer before she used it. Nurse #1 stated, "The nurse before me cleans it off."

During an interview on the 100 hall on 3/6/14 at 4:00 PM, Nurse #1 stated, "I forget to tell you we do have Sanitizer wipes in the med cart to clean the glucometer. I was nervous yesterday."

**F 465**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<td>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</td>
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<td>No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.</td>
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On 3/10/14 200 hall shower was deep cleaned. On 3/20/14 all 100 fire doors were painted. On 3/8/14 all resident rooms and common areas on hall 100 and 300 were cleaned. On 3/7/14 all resident rooms and common areas were cleaned on hall 200. On 3/12/14 facility housekeeping supervisor created a deep cleaning schedule. Housekeeping supervisor in-serviced housekeeping staff on 4/2/2014 regarding deep cleaning of resident rooms, restrooms, and all common areas, as well as the facility cleaning schedule.
## F 465

### Continued From page 18

1. Review of the facility's housekeeping policy for floors documented, "...Floors shall be maintained in a clean, safe, and sanitary manner... 1. All floors shall be mopped / cleaned / vacuumed daily in accordance with our established procedures..."

   Review of the facility's housekeeping policy for bathrooms documented, "...Bathroom shall be maintained in a clean and sanitary manner and shall be cleaned on a daily basis... 2. Daily bathroom cleaning includes... f. Cleaning walls, mirrors, pipes, shelves... g. Cleaning partitions, wash basins, commodes... i. Sweeping, mopping, and scrubbing floors..."

2. Review of the Director of Maintenance's job description for safety and sanitation documented, "Ensure that the facility is maintained in a safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained and operable to perform necessary duties and services..."

   Review of the housekeeping and laundry supervisor job description documented, "...Conduct daily inspections of assigned work areas to assure that cleanliness and sanitary conditions are maintained..."

3. Observations of the 200 hall shower room revealed the following:
   a. On 3/5/14 at 10:15 AM - the white grout was black in areas and the floor had dirty substance on the floor.
   b. On 3/6/14 at 4:00 PM and 3/7/14 at 11:39 AM - the white grout was black in areas, the floor still had dirt on it, and a mat was laying in the shower.

### F 465

Housekeeping supervisor or designee will make walking rounds of the facility to include all common areas to ensure that the facility is maintaining a sanitary, orderly and comfortable interior.

All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Dietary Manager, Social Services Director and Activities Director.
F 465

Continued From page 19

During an interview on the 100 hall on 3/7/14 at 2:35 PM, Housekeeper #1 stated "We have one floor tech that works Monday through Friday and housekeeping covers the weekends. We are responsible for patient rooms, patient's bathrooms, main offices, lobby, nursing stations, whirlpool rooms and shower room."

During an interview in the 200 hall shower room on 3/7/14 at 3:05 PM, the Director of Nursing (DON) was asked about the areas of black grout in the shower and on the floor of the shower. The DON stated, "It is not my responsibility. I don't do this area." The DON leaned over to sniff the black area and scratched it with her fingernail and stated, "I can scratch it off with my fingernail."

During an interview in the 200 hall shower room on 3/7/14 at 3:10 PM, the Housekeeping Supervisor was asked about cleaning the areas of black grout in the shower and on the floor of the shower. The Housekeeping Supervisor stated, "She is on her way right now. [As the Housekeeping Supervisor scratched the grout with her fingernail] she stated, "It is stained on the grout and won't come off."

During an interview in the 200 hall shower room on 3/7/14 at 3:15 PM, Housekeeper #2 was cleaning the grout and stated, "This is 'Stench Killer' I wasn't thinking, I should have used the bleach. Yes, it is coming clean."

4. Observations of the 100 hall on 3/5/14 revealed the following:
   a. At 10:10 AM - paint was peeling on the two fire doors.

Observations of the 100 hall on 3/6/14 revealed
F 465 Continued From page 20
the following:

a. At 7:30 AM - strong foul urine odor.
b. At 8:15 AM - strong urine odors around the Unit 1 nurses station.

Observations of the 100 hall on 3/7/14 revealed the following:

a. At 7:15 AM - strong urine odor in the lobby by the front door.
b. At 7:30 AM - strong foul odor of urine and feces.
c. At 9:35 AM - fecal odor in hall outside Assistant Director of Nursing’s office.
d. At 2:00 PM - strong urine odors at Unit 1 nurses’ station.

5. Observations of the 200 hall on 3/6/14 revealed the following:

a. At 8:35 AM - strong odors on the 200 hall.
b. At 8:40 AM - foul fecal odor outside rooms 100 and 102.
c. At 10:30 AM - foul fecal odor outside rooms 100 and 102.

Observations of the 200 hall on 3/7/14 revealed the following:

a. At 7:30 AM - strong urine odors.
b. At 11:35 AM - strong urine odor outside room 204.

6. Observations of the 300 hall on 3/6/14 revealed the following:

a. At 8:35 AM - strong odors on the 300 hall.

Observations of the 300 hall on 3/7/14 revealed the following:

a. At 7:35 AM - strong urine odors
b. At 8:15 AM - strong fecal odor.
**SUMMARY STATEMENT OF DEFICIENCIES**

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<tr>
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<th>PREFIX</th>
<th>TAG</th>
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<tr>
<td>F 468</td>
<td>SECURED HANDRAILS</td>
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No adverse effects were noted as a result of this deficient practice. All residents have the potential to be affected by this deficiency.

On 3/20/14 and 3/21/14 Assistant Director of Maintenance checked and tightened all hand rails through out the facility. On 3/26/14 Assistant Director of Maintenance was inserviced on checking all hand rails weekly to ensure that they are securely mounted.

Facility has developed a prevent maintenance log for checking the hand rails weekly to ensure that they a securely mounted.

All findings will then be reported to the facility's Quality Improvement (QI) committee for review and further recommendations. The QI committee consists of the Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Dietary Manager, Social Services Director and Activities Director.
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