F 000 INITIAL COMMENTS

During the annual recertification survey, and investigation of complaint numbers 32568 and 32679, conducted on October 28-30, 2013, at The Heritage Center, no deficiencies were cited related to complaint number 32679, under 42 CFR Part 483.18, Requirements for Long Term Care.

F 281 483.30(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by,

Based on medical record review, review of the facility investigation, and interview, the facility failed to follow physician's orders for side rails for one (#237) resident of forty-eight residents reviewed,

The findings included:

Resident #237 was admitted to the facility on August 2, 2013, and readmitted to the facility on August 31, 2013, with diagnoses including Urinary Tract Infection, Anemia, and Acute Kidney Failure.

Medical record review of the Fall Risk Evaluation dated September 1, 2013, revealed the resident was at risk for falls.

Medical record review of the care plan dated August 9, 2013, revealed ...Potential for injury...Increased risk for falls...Side rail(s) as an enabling

F 000 The Heritage Center is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.

F 281 While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted October 28-30, 2013. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State Regulations.

281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

CORRECTIVE ACTION:

Resident #237 is no longer a resident in the facility. 10/30/13

RESIDENTS WITH POTENTIAL TO BE AFFECTED:

All residents have the potential to be affected. A review of residents with side rail orders will be done by the Director of Nursing and/or designee to assure order accuracy and that the ordered side rail types are in place. Care plans will be reviewed by the MDS Coordinator(s) and updated to reflect the correct side rail/order information. Completion date 12/14/13.
F 281  Continued From page 1
1/2 rails x 2..."

Medical record review of a physician's order dated August 31, 2013, revealed "...Fall precaution 1/2 SR (siderail) x 2 for bed safety (and) mobility..."

Medical record review of the Nurse's Note dated September 14, 2013, at 10:20 a.m., revealed "...This nurse alerted by CNA (certified nursing assistant) staff that Res. (resident) was found on floor by laundry side. Res. was in between...and room-mate bed...was laying on all of...bed clothes-top sheet (and) spread included...resident lying on... (right) side on...pillow asleep, the way (resident) was lying...appeared to be comfortable...Res. assented from head to toe. Res. face was flushed (and) some older bruising noted to bilateral (bilateral) arms, but no injuries noted. Res. alert (and) answering questions appropriately asked res 2-3 times if...was ok states "yes, yes I'm fine" asked res if...hit...head, states "No, I'm fine." (vital signs) (temperature) 97. (pulse) 117. (respirations) 20 (blood pressure) 145/61, O2 sat (oxygen saturation) 98%...Res. assisted up to bedside chair. New orders put in place for low bed (with) mats at bedside (and) non skid socks..."

Medical record review of the Nursing Progress Note dated September 15, 2013, at 3:50 a.m., revealed "...Entered res. room to adm. (administer) a.m. meds (morning medications)...Res. right siderail raised, left siderail down..."

Review of a witness statement (regarding the incident on September 14, 2013) dated September 15, 2013, obtained by the facility from...
### Summary Statement of Deficiencies

**DATE SURVEY COMPLETED:** 10/30/2013

#### F 441

**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.

**Corrective Action:**
- Associate #3 and chef #1 were re-educated/in-service by the Director of Nursing and/or Dietary Manager on the practices of infection control during meal service. Completion date November 13, 2013.

**Residents with Potential to be Affected:**
- All residents have the potential to be affected. Infection control policies surrounding food service have been reviewed by the Director of Nursing and/or Dietary Manager as of November 13, 2013. Hand sanitization products have been placed in various areas of the dining room by the Director of Nursing and/or Dietary Manager to assist in infection control compliance as of November 13, 2013.

**Systemic Changes:**
- All staff will be re-educated/in-service by the Staff Development Coordinator or Director of Nursing, Assistant Directors of Nursing, or designate on infection control policies/practices with focus on meal services. Completion date 12/14/13.
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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>PROVIDERS PLAN OF CORRECTION</th>
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<tbody>
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<td>F 441</td>
<td></td>
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<td>Continued From page 4 failed to maintain infection control practices during a meal service for one of three dining rooms observed.</td>
<td>MONITORING:</td>
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<td>The findings included:</td>
<td>The Executive Director, Director of Nursing, Assistant Directors of Nursing, Dietary Manager and/or designee will audit meal service for one meal daily x 30 days for infection control compliance. Audit will be reviewed in Performance Improvement meeting following completion for infection control compliance and for any further interventions. Performance Improvement Committee members include the Executive Director, Director of Nursing, Assistant Directors of Nursing, Medical Director, Staff Development Coordinator, and Department Managers.</td>
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<td>During dining observation on May 28, 2013, beginning at 11:48 a.m., in the main dining room, Certified Nurse Assistant (CNA) #3 was observed to retrieve trays from a tray cart, and place the plated food in front of residents sitting at three different tables. Continued observation revealed CNA #3 was observed to touch the face and beard without washing or sanitizing the hands between serving residents.</td>
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<td>Interview with CNA #3 on Oct 28, 2013, at 11:55 a.m., in the main dining room, confirmed the CNA had not washed or sanitized the hands between food service of the four residents. Continued interview confirmed the CNA had wiped the CNA's mouth, and touched the CNA's beard without washing or sanitizing the hands. Further interview with CNA #3 confirmed the CNA did not know where the hand sanitizer was located in the main dining room, and confirmed the dining room did not have a sink available to wash the hands.</td>
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<td>During dining observation on October 28, 2013, at 11:56 a.m., in the main dining room, Chef #1 was observed wiping the Chef's nose with the back of the Chef's hand on two different occasions, and did not change gloves or sanitize the hands. It is noted that the resident was still eating their meal during this time.</td>
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<td>Interview with Chef #1 on May 28, 2013, at 12:00 p.m., in the main dining room, confirmed the Chef had wiped the Chef's nose, and not changed</td>
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<td>Prefix Tag</td>
<td>Summary Statement of Deficiencies</td>
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<td>F 441</td>
<td>Continued From page 5 gloves or sanitized the hands before returning to platting food for the residents.</td>
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