**F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS**

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 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.

The following POC is being submitted as required by federal regulations. The submission of this POC is not in any way admission by the facility as to the accuracy of the data or the finding of the fact.

F 441

POC:
The facility will continue to maintain an infection control program designed to promote a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

7/8/11

Incontinent briefs removed from and are no longer stored in the medication room. They are now stored in appropriate storage areas in tub and shower rooms.

7/8/11

Nursing staff has been instructed by Director of Nursing on change of location of brief storage and on proper infection control practices for handling, storing, processing, and transporting incontinence briefs in order to prevent the spread of infection.

Members of the QA committee will review the Infection Control Program at each QA meeting. DON will be responsible for reviewing the data to determine if interventions are effective and making revisions of the action plan as necessary.

7/9/11

Jaye Thompson, Aleh

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

DATE

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 90 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 required to continued program participation.
Continued from page 1

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined the facility failed to ensure practices to prevent the potential spread of infection were maintained in 1 of 2 (medication room) storage areas used for incontinent supplies.

The findings included:

Observations in the medication room on 7/5/11 at 3:16 PM, revealed one opened bag of pull-up incontinent briefs in the sink, one opened bag of incontinent briefs spilled on the floor, one opened bag of incontinent briefs stored on top of an orange tub on the floor and one bag of pull-up incontinent briefs stored on top of a dirty extension cord on the floor under the sink.

Observations in the medication room on 7/7/11 at 12:35 PM, revealed two opened bags of pull-up incontinent briefs on the floor, one bag of pull-up incontinent briefs on top of an orange tool box on the floor, one opened bag of pull-up incontinent briefs stored on a shelf and touching Foley catheters and one opened bag of pull-up incontinent briefs stored on top of a dirty extension cord on the floor under the sink.

During an interview in the medication room on 7/7/11 at 12:37 PM, Nurse #1 was asked if the incontinent supplies were usually stored on the floor in the medication room. Nurse #1 looked at the supplies and stated, "I see what you mean. That's not good practice..."
Continued From page 2

The facility must maintain an effective pest control program so that the facility is free of pests and rodents.

This REQUIREMENT is not met as evidenced by:
- Based on policy review, observation and interview, it was determined the facility failed to keep the facility free of pests as evidenced by the presence of flies, ants or roaches in 3 of 27 resident rooms (rooms 20, 24, and 26), in the nurses' station, outside the business office, outside the dining room and in 1 of 3 (bathroom beside the nurses' station) community bathrooms.

The findings included:

1. Review of the facility's "Pest Control" policy, documented, "It is the policy of this facility to maintain an effective pest control program... to ensure that the building is kept free of insects and rodents...

2. Observations in resident room 20 on 7/5/11 at 9:10 AM, revealed 2 flies on the quiet covering the resident.

3. Observations in resident room 24 on 7/5/11 at 9:26 AM, revealed 1 fly on the resident's gown and 1 fly on the resident's blanket.

4. Observations in resident room 26 on 7/7/11 at 8:45 AM, revealed 1 fly crawling on the resident's blanket.

The following POC is being submitted as required by federal regulations. The submission of this POC is not in any way admission by the facility as to the accuracy of the citation nor the finding of the fact.

F 469
7/12/11

Orkin exterminator here to treat building on 7/12/11. All problem areas were targeted. Sticky strips were put outside all doors to be replaced as needed. Fly strips were ordered and will be installed at all four doors by electrical contractor by July 30, 2011. All areas will be monitored by maintenance director and logged weekly. All departments and all shifts will be monitoring for any problems. Exterminator will continue to do monthly treatments as needed. All findings will be brought before QA committee by Administrator at monthly meetings. The QA committee is responsible for identifying areas that need action plan, assigning responsibility for, implementing the action plan and setting a timeline for completion, making revisions to the action plan if necessary.

[Signature]
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:** Briarwood Community Living Ctr

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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<td>5. Observations in the nurses' station on 7/5/11 at 3:10 PM, revealed 1 fly flying around.</td>
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<td>6. Observations outside the business office on 7/8/11 at 11:42 AM, revealed a large ant crawling on the floor.</td>
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<td>Observations outside the business office on 7/6/11 at 2:30 PM and on 7/7/11 at 5:35 AM, revealed a fly.</td>
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<td>7. Observations outside the dining room on 7/7/11 at 8:55 AM, revealed 1 fly.</td>
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<td>8. Observations in the resident bathroom beside the nurses' station on 7/5/11 at 4:55 PM, revealed a fly, flying around.</td>
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<td>Observations in the resident's bathroom beside the nurses' station on 7/7/11 at 2:50 PM, revealed a roach crawling on the floor.</td>
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<td>9. During an interview in the administrator's office on 7/7/11 at 2:05 PM, the administrator was asked how the staff keeps flies out of the facility. The administrator stated, &quot;...we had some outside fly strips... I don't know if they're out there now...&quot;</td>
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<td>During an interview in the middle hall on 7/7/11 at 2:45 PM, Certified Nursing Assistant (CNA) #1 was asked if she had seen any pests in the facility. CNA #1 stated &quot;...flies... they're really bad this year...&quot;</td>
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<td>F 517</td>
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<td>483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS</td>
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<td>The facility must have detailed written plans and</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE:** 41 Hospital Drive, PO Box 1007, Lexington, TN 38351

**COMPLETION DATE:** 07/07/2011
**F 517**  Continued from page 4

procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

This REQUIREMENT is not met as evidenced by:

Based on review of the facility's planned menu, observation and interview, it was determined the facility failed to ensure that there was a written planned menu to match the three day emergency supply of food for 44 of 46 residents that received meals.

The findings included:

Review of the facility's written planned menu, documented: "...BREAKFAST Day 1...CANNED MEATS...LUNCH...CANNED MEATS...SUPPER...CANNED MEATS...BREAKFAST Day 2...CANNED MEATS...LUNCH...CANNED MEATS...SUPPER...CANNED MEATS...BREAKFAST Day 3...CANNED MEATS...LUNCH...CANNED MEATS...SUPPER...CANNED MEATS..."

Observations of the emergency food supply, during the initial tour of the kitchen, on 7/5/11 at 8:50 AM, revealed eight cans of tuna; enough for 24 servings.

During an interview in the dry storage area of the kitchen on 7/5/11 at 2:50 PM, the Dietary Supervisor confirmed "...this [tuna] is the only canned meat..."

During an interview in the dry storage area of the kitchen on 7/7/11 at 8:30 AM, the Dietary

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The following POC is being submitted as required by federal regulations. The submission of this POC is not in any way admissible by the facility as to the accuracy of the citation nor the finding of the fact.

**F 517**

Facility will ensure that a three day supply of food for emergency menus is maintained at all times. A listing of food inventory with expiration dates will be maintained by dietary supervision.

This will be monitored by Dietary consultant and administrator. All findings will be brought before QA committee by Administrator at monthly meetings. The QA committee is responsible for identifying areas that need an action plan, assigning responsibility for, implementing the action plan and setting a timeline for completion, making revisions to the action plan if necessary.
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Supervisor stated, "...I don't have a 3 day [emergency food supply] supply set aside, there is not enough space in this old building... I got this 3 day menu faxed to me the first day you were here. I don't have the food for it..."