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<tr>
<td>F253</td>
<td>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</td>
<td>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 observation and interview, it was determined the facility failed to maintain a clean and sanitary environment as evidenced of a dirty bedside commode in 1 of 26 (room #30) resident rooms. The findings included: Observations in Room #30 on 4/14/10 at 8:35 AM, revealed the presence of a dried brown residue in the bottom of bucket in the bedside commode. During interview in Room #30 on 4/14/10 at 8:55 AM, Certified Nursing Assistant (CNA) #4 stated, &quot;It's [bucket of bedside commode] dirty, dried brown, urine probably.&quot; During an interview in the Director of Nursing's (DON) office on 4/14/10 at 9:35 AM, the DON was asked who was responsible for cleaning the bedside commodes. The DON stated, &quot;Housekeeping is responsible for that.&quot; During interview in the back hallway on 4/14/10 at 9:40 AM, the Housekeeping Supervisor stated, &quot;Housekeepers don't clean the bucket they just clean the chair part and the lid.&quot;</td>
<td>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.</td>
<td>4/21/10</td>
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<tr>
<td>F323</td>
<td>483.26(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</td>
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<td>4/28/10</td>
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The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on observations and interview, it was determined the facility failed to ensure the resident environment remained free from accident hazards such as unsecured razors and toxic chemicals in 3 of 26 (Room #11, 12 and 29) resident rooms.

The findings included:

1. Observations during the initial tour in Room #12 on 4/12/10 beginning at 8:05 AM revealed the following:
   a. Two razors lying on top of the sharps container.
   b. Two bottles of Therapeutic T-Plus Gel Shampoo at the bedside.

During an interview in Room #12 on 4/12/10 at 5:20 PM, the Director of Nurses (DON) stated, "They [razors] should be thrown away, should not be up there [on top of the sharps container]."

During an interview in Room #11A on 4/12/10 at 5:25 PM, the DON stated, "They [bottles of shampoo] should not be there [at the bedside of room 12]."

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.

QA committee meeting called by Administrator (Director of Nursing, Medical Director, Activity Director, LPNs, CNAs, Dietary Supervisor, Social Services Director, LPN MDS Coordinator, Maintenance Director, Medical Records, Housekeeping Supervisor and Administrator) on April 23, 2010. Maintenance Director will monitor sharps containers 5 days a week by routine rounds and replace as needed. QA, CNA, Charge Nurse, and Housekeeping will monitor all areas during routine rounds daily and q shift for accident hazards or toxic chemicals. Social Services will counsel with family members about leaving items in rooms upon admission and at Interdisciplinary Team Meetings. Administrator and Director of Nursing will monitor all areas 5 days a week during routine rounds. All findings will be brought before QA committees by DON or Administrator at monthly meetings.

The QA committee is responsible for identifying areas that need an action plan, assigning responsibility for implementing the action plan & setting a timeline for completion, making revisions of the action plan if necessary.
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<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
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<td>445333</td>
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**NAME OF PROVIDER OR SUPPLIER**
BRIARWOOD COMMUNITY LIVING CTR

**STREET ADDRESS, CITY, STATE, ZIP CODE**
41 HOSPITAL DRIVE, PO BOX 1067
LEXINGTON, TN 38351

**ID PREFIX TAG**

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| F 323        | Continued From page 2  
2. Observations in Room #29 on 4/14/10 at 10:00 AM, revealed a can of Glade aerosol air freshener sitting on the dresser and a can of Glade aerosol air freshener sitting on the nightstand.  
During an interview in resident room #29 on 4/14/10 at 10:35 AM, the DON stated, “That [can of air freshener] is not supposed to be out. I didn’t know he had it here.”  
3. Observations on 4/14/10 in Room #11A at 2:30 PM, revealed an open container of medicated powder sitting on the nightstand.  
483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS | F 323  
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.  
Inservice was held on April 23, 2010 by Director of Nursing for all licensed personnel on proper storage of all medications. QA committee (Director of Nursing, Medical Director, Activity Director, LPNs, CNAs, Dietary Supervisor, Social Services Director, LPN MDS Coordinator, Maintenance Director, Medical Records, Housekeeping Supervisor and Administrator) was present.  
Storage of medication will be monitored by Pharmacy Consultant visibly checking med cards monthly, Director of Nursing and Administrator to monitor 5 days a week by visibly checking med cards during routine rounds and Charge Nurse daily. All findings will be brought before QA committee by Administrator or DON at monthly meetings.  
The QA committee is responsible for identifying areas that need an action plan, assigning responsibility for, implementing the action plan & setting a deadline for completion, making revisions of the action plan if necessary. | 4/23/10

| F 431        | 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 facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  
The facility must provide separately locked. | F 431 |

| SS-D        | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS |

**FORM:** CMS-2567(02-69) Previous Versions Obsolete **Event ID:** G30A111 **Facility:** TN3001 **If continuation sheet Page:** 3 of 9
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<td>F 431</td>
<td>Continued From page 3</td>
<td>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.</td>
<td>F 431</td>
<td>See previous page.</td>
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This REQUIREMENT is not met as evidenced by:
Based on policy review, observation and interview, it was determined the facility failed to ensure medication was not left unattended in 1 of 3 (Front hall medication cart) medication storage areas and at the bedside of 1 of 26 (Room #12A) resident rooms.

The findings included:

1. Review of the facility’s "STORAGE OF MEDICATIONS" policy documented, "...Medications and biologicals are stored safely, securely, and properly, following manufacturer’s recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications..."

2. Observations in the front hall, outside of room #12, on 4/12/10 at 9:30 AM, revealed a bottle of 9 percent (%) Sodium Chloride sitting on top of the front hall medication cart unattended and out of the nurse’s view.

During an interview in the lobby on 4/14/10 at
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BRIARWOOD COMMUNITY LIVING CTR

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<td>Continued From page 4 3:00 PM, Nurse #1 confirmed that the Sodium Chloride was left on the medication cart from the previous shift. 3. Observations in Random Resident (RR) #3's (12A) room on 4/14/10 at 10:00 AM, revealed a bottle of Tobramycin / Dexamethasone ophthalmic suspension eye drops sitting on top of the dresser. During an interview in the Director of Nurses' office (DON) on 4/14/10 at 10:30 AM, the DON was asked if there are any resident's that self-administer their medications. The DON stated, &quot;No. I didn't know he [RR #3] had it [eye drops] in his room. I doubt if he has an order.&quot;</td>
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<td>F 441</td>
<td>433.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</td>
<td>4/23/10</td>
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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 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...
Continued From page 5

(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 policy review, observation and interview, it was determined that 1 of 4 Certified Nurses Assistants (CNA #1) failed to properly store a personal beverage and failed to wash her hands after handling dirty linen and 1 of 5 nurses (Nurse #3) failed to wash her hands during medication administration. The facility failed to ensure wash basins were labeled and stored correctly.

The findings included:

1. During the initial tour on 4/12/10 at 8:35 AM and on 4/14/10 at 9:35 AM revealed the following:
   a. Two wash basins with no resident identification stacked together sitting on the bedside commode in the bathroom of resident room #30. The top wash basin had a white residue on the inside.
   b. In the bathroom between resident room #25 and resident room #27 there were two wash
Continued From page 6

basins with no resident identification stacked together and sitting on the floor of bathroom.

During an interview in Random Resident #3's room on 4/14/10 at 8:55 AM, the surveyor asked CNA #4 "How would you know which wash basin to use for a specific resident?" CNA #4 stated, "I can't tell and there is no name on it [wash basin]."

During an interview in the Director of Nursing's (DON) office on 4/14/10 at 9:35 AM, the DON stated, "They [wash basins] should not be stacked up or kept in the bathroom... should be a [resident's] name on the [wash] basin."

2. Observations in the front hallway on 4/12/10 at 2:25 PM, revealed an open can of diet Dr. Pepper on the shelf inside the clean linen cart.

During an interview in the front hallway on 4/12/10 at 2:30 PM, CNA #1 stated, "Yes," when asked if the linen cart stored clean linen. When asked to explain the can of diet Dr. Pepper inside the cart CNA #1 stated, "That is mine. I was drinking it [diet Dr. Pepper] ... I'll get it out."

3. Review of the facility's "Handwashing" policy documented, "Policy Statement It is the policy of this facility that handwashing be regarded as the single most important means of preventing the spread of infections. Procedure 1. All personnel shall wash their hands to prevent the spread of infection and disease to other residents, personnel, and visitors. 2. ...I. After handling used dressings, urinals, bedpans, catheters, contaminated tissues, linen..."

a. Observations in Random Resident (RR) #2's room on 4/12/10 at 3:35 PM, revealed Nurse #3
Continued From page 7
picked up packets of salt and pepper from the floor and placed the packets on RR #2's overbed table. After the packets were placed on the overbed table, Nurse #3 gave RR #2 a glass of water to take an antibiotic medication. Nurse #3 did not wash her hands.

During an interview on the back hall on 4/14/10 at 2:36 PM, Nurse #3 confirmed that she should have washed her hands after picking the salt and pepper packets up from the floor.

b. Observations on the back hall on 4/12/10 at 4:30 PM, revealed CNA #1 put dirty linen in the dirty linen barrel, then reached into the clean linen cart and obtained a clean gown. CNA #1 did not wash her hands after handling the dirty linen or before obtaining a clean gown.

The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, it was determined the facility failed to provide a working call light system for 1 of 12 (restroom near nurse's station) resident restroom/bathrooms.

The findings included:
Observations on 4/12/10 at 2:20 PM, revealed a male resident coming out of the restroom near the nurses' station, no staff were present.

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.

On April 20, 2010 Electrical Contractor installed a call light system in restroom near Nurse Station. Inservice was held on April 21, 2010 by Maintenance Director for Housekeeping. "Nursing, All Department heads, Therapy, and Dietary that it is now working properly. Maintenance Director will do manual checks to monitor for proper function weekly.

[Signature]

[Date]
Continued From page 8

F 463

Assisting the resident. Further observations of this common restroom revealed there was no emergency call system.

During an interview at the nurses' station on 4/13/10 at 10:50 AM, Nurse #2 stated, "Yes, they [residents] can use that restroom [beside the nurses' station]."

During an interview in the Administrator's office on 4/14/10 at 3:50 PM, the Administrator stated, "The one [restroom] near the nurses' station on the back hall does not [have a call light]." The Administrator was asked about resident's using the restroom beside the nurses' station. The Administrator stated, "Yes, they [residents] do [use the restroom beside the nurses' station]."

See previous page.