**N 629: 1200-8-6-06(3)(b)8. Basic Services**

- **(3) Infection Control.**

  8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.

  `This Rule is not met as evidenced by:
  Type C Pending Penalty #31

  Tennessee Code Annotated 68-11-804(c)31
  All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.

  This Rule is not met as evidenced by:

  Based on observation and interview, it was determined that wash basins in 3 of 12 (bathroom for rooms 26, 27 and 30) resident bathrooms were stacked and not clean.

  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

  Inservice and QA meeting on April 23, 2010 by Director of Nursing on infection control. All wash basins will be taken from rooms as used in utility room, disinfected and stored in clean area. QA CNAs, Charge Nurses on all shifts will monitor on routine rounds and at end of shift daily to assure this is done. Administrator and Director of Nursing will also monitor 5 days a week during routine rounds to assure standards are being met. All findings will be brought before QA committee 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 provisions of the action plan if necessary.

  [Signature]

  [Title]
N 629: Continued From page 1

stacked together sitting on bedside commode in
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
basins with no resident identification stacked
together and sitting on floor of bathroom.

During an interview in Random Resident #3's
room on 4/14/10 at 6:55 AM, the surveyor asked,
Certified Nursing Assistant (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 8:35 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 basin."

N 645
1200-8-6-.06(3)(k) Basic Services

(k) Space and facilities for housekeeping
equipment and supply storage shall be provided
in each service area. Storage for bulk supplies
and equipment shall be located away from patient
care areas. The building shall be kept in good
repair, clean, sanitary and safe at all times.

This Rule is not met as evidenced by:
Type C Pending Penalty #18

Tennessee Code Annotated 68-11-804(c)18
Cleaning supplies, toxic substances and
equipment shall be secured at all times to prevent
<table>
<thead>
<tr>
<th>N 645</th>
<th>Continued From page 2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>access by patients. Toxic substances shall not be left unattended when not secured.</td>
</tr>
<tr>
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<td>This Rule is not met as evidenced by:</td>
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<tr>
<td></td>
<td>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 29 (Room #11, 12 and 29) resident rooms.</td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
</tr>
<tr>
<td></td>
<td>1. Observations during the initial tour in Room #12 on 4/12/10 beginning at 8:05 AM revealed the following:</td>
</tr>
<tr>
<td></td>
<td>a. Two razors lying on top of the sharps container.</td>
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<td></td>
<td>b. Two bottles of Therapeutic T-Plus Gel Shampoo at the bedside.</td>
</tr>
<tr>
<td></td>
<td>During an interview in Room #12 on 4/12/10 at 5:20 PM, the Director of Nurses (DON) stated, &quot;They [razors] should be thrown away, should not be up there [on top of the sharps container].&quot;</td>
</tr>
<tr>
<td></td>
<td>During an interview in Room #11A on 4/12/10 at 5:25 PM, the DON stated, &quot;They [bottles of shampoo] should not be there [at the bedside of room 12].&quot;</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>During an interview in resident room #29 on 4/14/10 at 10:35 AM, the DON stated, &quot;That [can]...&quot;</td>
</tr>
<tr>
<td>N 645</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>
</tr>
<tr>
<td></td>
<td>QA committee meeting called by Administrator (Director of Nursing, Medical Director, Activity Director, LVNs, CNA, Dietary Supervisor, Social Services Director, LPN N/E)</td>
</tr>
<tr>
<td></td>
<td>Coordinator, Maintenance Director, Medical Records, Housekeeping Supervisor and Administrator) on April 23, 2018. 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 qSMS for accident hazards or toxic substances. Social Services will consult with family members about heading 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 a QA committee 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 and setting a timeline for completion, making revisions of the action plan if necessary.</td>
</tr>
<tr>
<td></td>
<td>Signature: [Signature] Date: 4/28/18</td>
</tr>
</tbody>
</table>
N 645

Continued From page 3

of air freshener is not supposed to be out. I didn’t know he had it in 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.

N 727

1200-8-6-.06(5)(b) Basic Services

(b) Pharmaceutical Services.

All internal and external medications and
preparations intended for human use shall be
stored separately. They shall be properly stored
in medicine compartments, including cabinets on
wheels, or drug rooms.

This Rule is not met as evidenced by:
Type C Pending Penalty #7

Tennessee Code Annotated 68-11-804(c)7:
All internal and external medications and
preparations intended for human use shall be
stored separately. They shall be properly stored
in medicine compartments, including cabinets on
wheels, or drug rooms. Such cabinets or drug
rooms shall be kept securely locked when not in
use, and the key must be in the possession of the
supervising nurse or other authorized persons
then on duty.

This Rule 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 on top
of the medication cart for 1 of 3 (Front hall
medication cart) medication storage areas and at
the bedside of 1 of 26 (room #12A) resident

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.

N 727

Inspection 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, LPN, 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 who is checking medication
monthly. Director of Nursing and
Administrator will monitor 5 days a week by
visibly checking medication during nursing
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 timeline for completion,
making revisions to the action plan if
necessary.

[Signature]

[Signature]
N 727 Continued From page 4 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 8:30 AM, revealed a bottle of 9 percent (%) Sodium Chloride sitting on top of the front hall medication cart unattended and out of the nurses' view.

During an interview in the lobby on 4/14/10 at 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 4/10/10 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, "No. I didn't know he [RR #3] had it [eye drops] in his room. I doubt if he has an order."

N 849 1200-8-5-08(19) Building Standards

N 849
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<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>
</tr>
</thead>
</table>
| N 849         | Continued From page 5  
(19) Electrical drawings shall include:  
(a) A certification that all electrical work and equipment is in compliance with all applicable local codes and laws, and that all materials are currently listed by recognized testing laboratories;  
(b) All electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current, and transformers when located within the building;  
(c) The electrical system shall comply with applicable codes, and shall include:  
1. The nurses call system;  
2. The paging system;  
3. The fire alarm system; and  
4. The emergency power system including automatic services as defined by the codes.  
(d) Color coding to show all items on emergency power.  

This Rule is not met as evidenced by:  
Type C Pending Penalty #9.  

Tennessee Code Annotated 68-11-804(c)(9)  
In general patient areas, each room shall be served by at least one (1) nurse's calling station and each bed shall be provided with a call button.  
Two (2) call buttons serving adjacent beds may be served by one (1) call station. Calls shall | N 849  
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.  

N 849  
On April 20, 2010 Electrical Contractor installed a call light system in restroom near Nurse Station. Inspection 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. | 4/20/10  
4/21/10  
3/28/10  
3/28/10  
3/28/10  

**Summary Statement of Deficiencies**

Each deficiency must be preceded by full regulatory or LCD identifying information.

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>N 849</td>
<td>N 849</td>
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</tbody>
</table>

**Deficiency Description**

Register in the nurses' station and shall activate a visible signal in the corridor. A nurse's call emergency button shall be provided for patient's use at each patient toilet, bath and shower room. Nursing personnel shall answer calls in a timely manner.

This Rule 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 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 residents using the restroom beside the nurses' station. The Administrator stated, "Yes, they [residents] do [use the restroom beside the nurses' station]."