N 629 1200-8-06.06(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.

Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure 1 of 12 (Nurse #3) nurses failed to disinfect reusable equipment used during care for a resident in contact isolation.

The findings included:

Review of the facility's "CONTACT PRECAUTIONS" policy documented, "...If use of common equipment or items is unavoidable, the items should be adequately cleaned and/or disinfected before use for another resident..."

1. (3) Infection Control. 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 will 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 will not be reused.

2. No resident was found to be affected by this deficient practice by the DON or ADON.

3. All residents have the potential to be affected by this deficient practice. LPN was re-educated regarding isolation policies including the cleaning of stethoscopes before exit from an isolation room and new policy regarding disposable stethoscope on 3/20/12 and all nurses inserviced on 3/22/12.

4. PPE and Care Items Needed For Isolation policy was revised. Includes disposable stethoscopes that will be available on isolation carts. RN SNF manager will monitor on isolation patients and document any problems noted. Progressive disciplinary actions will be given for staff
**N 629** Continued From page 1

Medical record review for Random Resident (RR) #1 documented an admission date of 1/22/01 with diagnoses of Hemiplegia, Arteriosclerotic Cardiovascular Disease, Status Below the Knee Amputation, Neuropathy, Diabetes Mellitus, Abrasion of Lower Leg and Aphasia. Review of a physician's order dated 2/17/12 documented, "...infection R [right] lower calif..." Resident was placed in contact isolation for Methicillin Resistant Staphylococcus Aureus.

Observations in RR #1's room on 3/19/12 at 2:10 PM, revealed RR #1 was in contact isolation. Nurse #3 checked the placement of RR #1's Percutaneous Endoscopy Gastrostomy (PEG) tube with a stethoscope. After completing the task, Nurse #3 placed the stethoscope around her neck and exited the room without cleaning the stethoscope.

During an interview in the Director of Nursing's (DON) office on 3/20/12 at 3:30 PM, the DON was asked what she expected of staff when removing equipment from a contact isolation room. The DON confirmed that the equipment should be cleaned with an approved disinfectant before leaving the room.

**N 767 1200-8-6-.06(9)(i) Basic Services**

**1. (9) Food and Dietetic Services.**

(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.
This Rule is not met as evidenced by:
Type C Pending Penalty #22

Tennessee Code Annotated 68-11-804(c)(22):
Foods shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination, whether in storage or while being prepared and served and/or transported through hallways.

Based on policy review, observation and interview, it was determined the facility failed to ensure kitchen sanitation practices were followed by not covering hair and failed to discard foods after they had expired on 2 of 3 (3/19/12 and 3/20/12) days of the survey.

The findings included:

1. Review of the facility's "UNIFORMS AND ATTIRE" policy documented, "...Hairnets or caps will be provided and must be worn at all times while working in the kitchen..."

Observations in the kitchen on 3/19/12 at 9:40 AM, revealed Maintenance Staff #1 in the kitchen with his hair partially uncovered in the back and his moustache uncovered.

Observations in the kitchen on 3/19/12 at 9:50 AM, revealed Dietary Worker (DW) #1 working in the kitchen with his hair partially uncovered in the back.

Observations in the kitchen on 3/20/12 at 9:55 AM, revealed DW #1 working in the kitchen with his hair partially uncovered in the back.

2. No resident was found to be affected by these deficient practices by the Registered Dietician.

3. All residents have the potential to be affected by this deficient practice. All Food and Nutritional Service staff and Plant Operations staff were immediately in-serviced regarding proper hairnet, bouffant caps and beard covering procedures. Vendors were educated at each delivery by the Certified Dietary Manager. Staff were also re-educated regarding observation of labeling and dates on 3-19-12 by the Certified Dietary Manager. Foods improperly labeled and out of date were immediately discarded on that date.

4. Policy has been changed and caps are no longer allowed for Dietary staff. Boxes of bouffant caps and beard coverings are in storage room for those who enter from outside the building. Hairnets, bouffant caps and beard coverings are kept in storage in restroom of kitchen to be worn when in kitchen area. Monitoring will be done by CDM's and supervisors daily and findings will be noted on weekly quality indicator summary and sent to Quality Assurance committee monthly. Progressive disciplinary actions will be taken for problems noted.
2. Review of the facility's "FOOD LABELS" policy documented, "...3. Food will be held for up to three (3) days past date made. Foods over this age will be discarded. All department staff is responsible for checking labels and disposing of old food..."

Observations in the walk-in cooler in the kitchen on 3/20/12 at 10:00 AM, revealed a container of tomatoes labeled 3/15/12, a container of Salisbury steak labeled 3/16/12 and a 5 pound container of Tuna Salad with no open date.

During an interview in the walk-in cooler in the kitchen on 3/20/12 at 10:05 AM, the Dietary Manager (DM) #1 was asked about the tomatoes and the Salisbury steak in the cooler stored past their discard date. The DM #1 stated, "...should have been thrown out..." DM #1 was asked if the tuna salad should have an open date on the container. DM #1 stated, "Yes."

Policy has been changed regarding food labeling. The CDM/Supervisor or RD will monitor food labels daily. Findings will be noted on weekly quality indicator summary and sent to Quality Assurance Committee monthly. Progressive disciplinary actions will be taken for problems noted.

5. Quality Assurance Committee will review results of audits related to hair coverings/food labeling monthly and make recommendations as needed. Members of QA committee include Administrator, DON, ADON, Registered Dietician, Medical Director, Directors of Therapy, HIM, Social Services, Plant Operations, SNF RN Manager, Infection Control Nurse. Registered Dietician is responsible for compliance.