N 629 BASIC SERVICES/INFECTION CONTROL

A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Corrective Action for non-compliance with policy and procedures occurred with the nurses involved in the medication administration/infection control errors. Policy and Procedure was reviewed with said nurses, including cleaning of medical equipment and required expectations reviewed with verbal understanding noted with each nurse involved in errors. All nurses participated in inservice, Simulation with accurate return demonstration witnessed/checked off per DON/Supervisors on 12/16/13 @ 7am.

B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All nurses participated in inservice, Simulation with accurate return demonstration witnessed/checked off per DON/Supervisors on 12/16/13 @ 7am. Inservice and simulation check-off Included correct procedure for medication administration and infection control related to the errors found.

C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?

DON/Supervisor will perform compliance rounds daily for one week, then weekly for one month, then monthly to ensure residents requiring Accu-checks with Sliding Scale Insulin will receive their meal tray or an appropriate snack within 15 minutes of receiving Fast-acting Insulin. Compliance rounds will also include accurate medication dosage measurement with appropriate equipment per policy and procedure and infection control procedures for cleaning medical equipment. Said compliance rounds will occur until 3 months of continued compliance is determined. Compliance rounds will be turned in and reviewed per DON on Friday each week.

(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 66-11-804(c)31: All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.

Based on policy review, observation and interview, it was determined the facility failed to ensure practices to prevent the spread of infection and cross contamination were maintained when 1 of 2 (Nurse #2) nurses observed performing accucheks failed to clean the glucometer after use.

The findings included:

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
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<tbody>
<tr>
<td>N629</td>
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<td>Continued From page 1</td>
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<tr>
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<td>...glucometer... disinfect it with a Super Sani-Cloth or an equivalent product that kills... blood borne pathogens...&quot;</td>
<td>D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?</td>
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<td>Observations in Resident #24's room on 12/11/13 at 11:04 AM, Nurse #2 performed an accuchek on Resident #24. Nurse #2 did not clean the glucometer after performing the accuchek.</td>
<td>Results of compliance rounds will be reviewed, discussed, and corrections made as needed at monthly QAPI for a minimum of 3 months until compliance of Policy and Procedure is determined. QAPI includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing/Admissions, Director of Social Services, Director of Rehab Services, Director of Activities, Director of Environmental Services, Dietary Manager, Health Information Manager, and Staff Development Coordinator.</td>
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<tr>
<td>N645</td>
<td></td>
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<td>1200-8-6-.06(3)(K) Basic Services</td>
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<td>(3) Infection Control.</td>
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<td>(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.</td>
<td>N645 1200-8-6-.06(3)(K) Basic Services</td>
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<td>This Rule is not met as evidenced by: Type C Pending Penalty #19</td>
<td>A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</td>
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<tr>
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<td>Tennessee Code Annotated 68-11-804(c)19 The nursing home shall be clean and sanitary and in good repair at all times. Based on policy review, observation and interview, it was determined the facility failed to ensure 1 of 3 (East hall) halls was odor free. The findings included: 1. Review of the facility's &quot;Environment Services&quot; policy documented, &quot;...Odor Control Each facility is obligated to maintain desired standards for odor control. Odor control is designed to help in</td>
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<td>On 12/11/13, rooms 110, 114 and 116 were deep cleaned per Environmental Services resulting in no odors.</td>
<td>B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</td>
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<td>The findings included: 1. Review of the facility's &quot;Environment Services&quot; policy documented, &quot;...Odor Control Each facility is obligated to maintain desired standards for odor control. Odor control is designed to help in</td>
<td>The Director of Environmental Services made compliance rounds to identify and correct any room/area with odors.</td>
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<td>12/11/13</td>
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N 645

Continued From page 2

maintaining desired standards of cleanliness..."

2. Observations of the east hall revealed the following:
   a. Room 114 - on 12/9/13 at 5:00 PM and 6:00
      PM and on 12/10/13 at 9:31 AM, 10:10 AM, 2:00
      PM and 6:05 PM revealed a stale urine odor.
   b. Room 110 - on 12/10/13 at 9:05 AM and 10:10
      AM revealed a strong, urine odor
   c. Room 116 and the clean linen room on 12/9/13
      at 4:18 PM revealed a foul urine odor.
   d. East hall nurses’ station on 12/9/13 at 6:00 PM
      revealed a urine odor
   e. The east hall outside rooms 114 and 116 on
      12/11/13 at 8:05 AM revealed a urine odor.

During an interview in the staff development
coordinator’s office on 12/11/13 at 12:00 PM, the
Director of Nursing (DON) was asked if the facility
has a concern with odors. The DON stated, "...we
did have a problem with it [odors] we recently
replaced mattresses..."

During an interview in room 114 on 12/11/13 at
2:45 PM, the Director of Environmental Services
(DES) was asked what she was doing. The DES
stated, "...deep cleaning a room..." The DES was
asked why she was deep cleaning today. The
DES stated, "...because it stunk..." The DES then
asked if the urine odor in the hall was coming
from room 114. The DES confirmed the odor was
coming from the room by shaking her head yes.

<table>
<thead>
<tr>
<th>N 767</th>
<th>1200-8-6-06(9)(i) Basic Services</th>
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</thead>
<tbody>
<tr>
<td>(9)</td>
<td>Food and Dietetic Services.</td>
</tr>
<tr>
<td>(i)</td>
<td>Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection,</td>
</tr>
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</table>

C. What measures will be put into place or what
systematic changes will you make to ensure that the
deficient practice does not recur?

On 12/13/13 the environmental service staff were
inserviced on the importance of controlling odors
and policy and procedures on deep cleaning.

D. How will the corrective action(s) be monitored to
ensure the deficient practice will not recur; i.e., what
quality assurance program will be put into place?

The Director of Environmental Services will monitor
on routine rounds to ensure compliance and report the
findings at monthly QA/PI for a minimum of 3
months or until compliance is determined. The
QA/PI consists of the Medical Director, ED, DON,
Director of Rehab, Social Service Director, Activities
Director, Dietary Manager, Marketing Director,
Director of Environmental Services, Health
Information Manager, and Staff Development
Coordinator/Infection Control Nurse.
<table>
<thead>
<tr>
<th>Facility: Life Care Center of Centerville</th>
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<tbody>
<tr>
<td><strong>Summary Statement of Deficiencies</strong></td>
</tr>
<tr>
<td>(Each deficiency must be preceded by full</td>
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<tr>
<td>regulatory or LSC identifying information)</td>
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</table>
N 767 Continued From page 4

manufacturers' directions indicated on the dishmachine, All equipment, utensils and counters are cleaned and sanitized per department guidelines, All refrigerated foods if removed from their original container, are securely covered, labeled and dated appropriately. Leftovers are not stored for more than 72 hours before being used...

Observations in the kitchen on 12/9/13 from 12:10 PM through 12:30 PM revealed the following:

a. Twenty-three shallow baking pans and 2 large pots with carbon buildup.
b. The walk-in refrigerator contained a container of cherry topping dated 12/3/13, one container of mechanical fish and one container of grits dated 12/4/13, 7 pieces of pie dated 12/2/13 not labeled as to what kind, 23 small bowls of potato salad dated 11/29/13 and 12 containers of tarter sauce not labeled or dated.
c. Four non dietary staff members entered the kitchen with no hair coverings while the noon meal was being served.

Observations in the kitchen on 12/9/13 from 5:15 PM through 5:30 PM revealed 2 non dietary staff members entered the kitchen with no hair coverings while the supper meal was being served.

Observations in the kitchen on 12/10/13 from 9:00 AM through 9:35 AM revealed the following:

a. The grease drip trays on the stove were covered with food debris and black substances.
b. Three skillets were covered with carbon buildup.
c. Three non dietary staff members entered the kitchen with no hair coverings.

N 767

C. What measures will be put into place of what systematic changes you will make to ensure that the deficient practice does not recur?

a. The Dietary manager will audit pots, pans, skillets etc. In the kitchen during rounds and replace items when necessary.
b. On 12/12/13 food service workers were educated on discarding and dating food.
c. On 12/12/13 Grease drip trays on stove were cleaned and a routine cleaning schedule was put into place.
d. On 12/12/13 food and nutrition service staff were educated on proper procedures including temp logs when working in dish room.
e. On 12/12/13 Ordered a part for dish machine.
f. On 12/12/13 the new part was installed.

D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

a. The Dietary manager will audit pots, pans, skillets etc. In the kitchen during rounds and replace items when necessary. Dietary Manager will monitor for compliance on routine rounds for compliance and take to QA/P/I monthly. QA/P/I consists of the Medical Director, ED, DON, Dietary Manager, Activities Director, Social Service Director, Rehab Director, Marketing Director, BOM and Staff Development Coordinator/Infection Control Nurse.
Continued From page 5

During an interview in the kitchen on 12/10/13 at 9:05 AM, Prep Cook #1 was asked how often the grease drip trays were cleaned. Prep Cook #1 stated, "I cleaned and changed it 2 weeks ago."

During an interview in the main dining room on 12/10/13 at 9:35 AM, the Administrator was asked about staff entering the kitchen with no hair coverings on. The Administrator stated, "We have it set up that staff can go in the kitchen but can't go past a certain point. Yes, staff go in after coffee and items for the residents, there is a sign posted on the juice machine for staff not to go any further."

2. Review of facility’s sanitation and maintenance policy documented, "...Food and Nutrition Services associates are trained in the proper use, cleaning and sanitation of all equipment and utensils."

Review of the facility’s infection control and prevention of contamination policy documented, "...All Food and Nutrition Services associates are trained in infection control techniques to prevent the contamination of food and the spread of infection... The following assist in preventing contamination of food and spread of infection... Correct dishwashing procedures are followed..."

Observations in the dish room on 12/10/13 at 9:10 AM, revealed 2 staff members washing dishes. Dietary Aide #2 was scraping dishes outside of the dish room. Dietary Aide #3 was observed gloved and loading dirty dishes, she pushed the dirty dishes into the dish machine turned it on then moved to other end of machine and removed clean dishes from the dishmachine and stacked them on a rolling shelf without changing her gloves or washing her hands.
Continued from page 8

During an interview in the dish room on 12/10/13 at 9:13 AM, Dietary Aide #2 stated, "We have 2 staff that do dishes now, used to have 3. I scrape and she puts dishes through machine and pulls clean ones out."

Observations in the dish room on 12/10/13 at 9:30 AM, Dietary Aide #3 with gloves on loaded the dirty dishes and pushed them into the dish machine. Dietary Aide #3 walked to the other side of the machine and removed the clean dishes from the machine, looked at them and then pushed them back into the machine. Dietary Aide #3 did not change gloves or wash her hands.

Observations in the dish room on 12/10/13 at 9:40 AM, Dietary Aide #3 was observed to continue to load and push dirty dishes into the machine and then remove clean dishes with same gloved hands.

1200-8-6-.06(9)(k) Basic Services

(9) Food and Dietetic Services.

(k) All nursing homes shall have commercial automatic dishwashers approved by the National Sanitation Foundation. Dishwashing machines shall be used according to manufacturer specifications.

This Rule is not met as evidenced by:
Type C Pending Penalty #25

Tennessee Code Annotated 68-11-804(c)26:
**Division of Health Care Facilities**

**Statement of Deficiencies and Plan of Correction**

<table>
<thead>
<tr>
<th>(x1) Provider/Supplier/Clinic Identification Number:</th>
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<tbody>
<tr>
<td>TN4102</td>
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<table>
<thead>
<tr>
<th>(x2) Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Building:</td>
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<tr>
<td>B. Wing:</td>
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<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction</th>
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<td>N 771</td>
<td>Continued From page 7</td>
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Dishwashing machines shall have a hot water supply of one hundred forty degrees Fahrenheit (140°F) to one hundred sixty degrees Fahrenheit (160°F) for washing and one hundred eighty degrees Fahrenheit (180°F) for sanitizing, if within the original design capacity of the machine.

Based on policy review, observation and interview, it was determined the facility failed to ensure that dishes were washed and sanitized in the dish machine with wash and rinse water temperatures per manufacturer's specifications.

The findings included:

Review of facility's sanitation and maintenance policy documented, "...Food and Nutrition Services associates are trained in the proper use, cleaning and sanitation of all equipment and utensils..."

Review of the facility's infection control and prevention of contamination policy documented, "...All Food and Nutrition Services associates are trained in infection control techniques to prevent the contamination of food and the spread of infection... The following assist in preventing contamination of food and spread of infection... Correctdishwashing procedures are followed per manufacturer's directions indicated on the dishwasher..."

Observations in the dish room on 12/10/13 at 9:10 AM, revealed the dish machine manufacturer's specification plate on the machine documented it as a low temperature machine with minimum wash temperature of 140 degrees Fahrenheit (F), minimum rinse temperature of 140 degrees F and sanitizer at 50 parts per million (PPM).

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<tr>
<th>ID Prefix Tag</th>
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<tr>
<td>N 771</td>
<td>12/13/13</td>
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B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

a. On 12/13/13 an audit was done. The Cooks were educated on cleaning related to grease drip tray.

   a. The Dietary manager audited pots, pans, skillets etc. in the kitchen and replaced necessary items.

   a. On 12/12/13 food service workers cleaned cooler and discarded all non dated and outdated food. On 12/13/13 non-dietary staff were educated on appropriate hair covering. Dietary Manager will monitor for compliance on routine rounds. 12/8/13 Ordered a part for dish machine. 12/12/13 the new part was installed.

   c. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?

   a. The Dietary manager will audit pots, pans, skillets etc. in the kitchen during rounds and replace items when necessary.

   b. On 12/12/13 food service workers were educated on discarding and dating food.

   c. On 12/12/13 non-dietary staff were educated on appropriate hair covering.

   c. On 12/12/13 Grease drip trays on stove were cleaned and a routine cleaning schedule was put into place.

   b. On 12/12/13 food and nutrition service staff were educated on proper procedures including temp logs when working in dish room.

   12/8/13 Ordered a part for dish machine.

   12/12/13 the new part was installed.
N 771: Continued From page 8

Observations in the dish room on 12/10/13 at 9:10 AM, revealed the wash temperature was 120 degrees F, the rinse temperature to be 130 degrees F and the sanitizer registered 100 PPM. Staff continued to wash dishes.

During an interview in the dish room on 12/10/13 at 9:15 AM, Dietary Aide #3 was asked about the wash and rinse temperatures. Dietary Aide #3 stated, "Had to run dish machine 2 to 3 times this morning to get the temperature up, we run it 2 to 3 times to get temperature up..."

During an interview in the kitchen on 12/10/13 at 9:20 AM, the Food Service Supervisor was asked about the dish machine temperatures. The Food Service Supervisor stated, "We have been having trouble with temperatures, maintenance has replaced some parts. I will get them to check the machine."

N1535: 1200-8-6-.15(4) Nurse Aide Training and Competency Evaluation

(4) Continued Competency.

The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.

This Rule is not met as evidenced by:
Type C Pending Penalty #15
Tennessee Code Annotated 68-11-804(c)15: Each nurse assistant shall receive at least ten
N1535 Continued from page 9

(10) hours each year of inservice training related to the nurse assistant’s job responsibilities. A record verifying attendance by each nurse assistant shall be kept in the nursing home files.

Based on record review and interview, it was determined the facility failed to ensure 2 of 24 Certified Nursing Assistants (CNAs #2 and 4) received the required 10 hours of inservice training annually.

The findings included:

Review of CNA inservice records for 2012 revealed the following CNAs did not have the required 10 hours of inservice training:

a. CNA #2 had 7 hours.
b. CNA #4 had 9 hours.

During an interview in the staffing development office/training room on 12/11/13 at 5:25 PM, the Director of Nursing (DON) was asked about the recorded inservice hours. The DON stated, "We identified we had a problem in 2012 and took corrective action."

The facility failed to ensure all CNAs employed the entire year of 2012 completed at least 10 hours of inservice training.