N 003 1200-8-6 Special Circumstances

This Rule is not met as evidenced by:
1200-13-1-08 (a,b,c,d,e,f,g,h,i,j)
Each Long Term Care Facility participating in the medical assistance program must develop and consistently implement policies and procedures regarding its admissions, including the development and maintenance of a single wait list of persons requesting admission to those facilities. This list must at a minimum contain the following information pertaining to each request for admission: (a) The name of the applicant. (b) The name of the contact person or designated representative other than the applicant (if any). (c) The address of the applicant and the contact person or designated representative (if any). (d) The telephone number of the applicant and the contact person or designated representative (if any). (e) The name of the person or agency referring the applicant to the nursing facility. (f) The sex and race of the applicant. (g) The date and time of the request for admission. (h) Reason(s) for refusal/ non-acceptance/other-action taken pertaining to the request for admission. (i) The name and title of the Long Term Care Facility Staff person taking the application for admission. (j) A notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

This Rule is not met as evidenced by:
Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that included the name of the applicant, name of the contact person or designated representative, address of

N 003 12000-8-6 SPECIAL CIRCUMSTANCES

The facility will ensure that a waiting list is kept that includes the name of the applicant, name of the contact person or designated representative, address of the applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant sex and race of the applicant, date and time of the request of admission, reason for refusal/non acceptance/other action, taken pertaining to the request for admission the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

1. A waiting list has been developed to include the name of the applicant name of the contact person or designated representative, address of the applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant sex and race of the applicant, date and time of admission.
Continued From page 1

the applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant, sex and race of the applicant, date and time of the request of admission, reason for refusal / non-acceptance / other action taken pertaining to the request for admission, the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

The findings included:

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13, the facility failed to maintain a waiting list that included the name of the applicant, name of the contact person or designated representative, address of the applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant, sex and race of the applicant, date and time of the request of admission, reason for refusal / non-acceptance / other action taken pertaining to the request for admission, the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

During an interview in the Administrator’s office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility’s waiting list was not complete and did not meet all of the requirements.

the request of admission, reason for refusal/non acceptance/other action, taken pertaining to the request for admission the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

3. Admission director and staff have been educated on the waiting list by the Administrator, Director of Nursing, Assistant Director of Nursing or designee. Admissions have been reviewed to ensure that the above information was available. The Waiting List has been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
N 003 Continued From page 2

1200-13-1-08(2)
The wait list should be updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10) days, the Long Term Care Facility shall, consistent with the written notice required in this section, move an applicant to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, but the applicant wishes to remain on the admissions list. Applicants shall be advised of these policies at the time of their inquiry, and must be notified in writing, in a format approved by the Department, when their name is removed from the list or moved to the end of the list. Such contacts shall be documented in the facility log containing the wait list. The date, time and method of each contact shall be recorded along with the name of the facility staff person making the contact, and the identity of the applicant or contact person contacted. The log of such contacts shall also summarize the communication between the facility staff person and the applicant or contact person.

This Rule is not met as evidenced by:

Based on review of the OCRC / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that was updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10)
Facility shall, consistent with the written notice required in this section move an applicant to the end of the single admission list. The facility will ensure and maintain a waiting list that has been updated and revised at least once a quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

3. Admission director has been educated updating the waiting list by the Administrator. The facility had no one on the list that has been carried forward. The Waiting List updates have been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility failed to maintain a waiting list that was updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10) days, the Long term Care Facility failed to document when an applicant was moved to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, and the applicant wishes to remain on the admissions list. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The findings included:

days, the Long term Care Facility failed to document when an applicant was moved to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, and the applicant wishes to remain on the admissions list. The facility failed to ensure applicants were notified in writing, in a format approved by the Department, when their name is removed from the list or moved to the end of the list. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The findings included:
facility failed to document the summary of the communication between the facility staff person and the applicant or contact person.

During an interview in the Administrator's office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all of the requirements.

1200-13-1-03(3)
Each facility shall send written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a minimum the date and time of entry on the wait list and be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph (1) above.

This Rule is not met as evidenced by:

Based on review of the OCRG / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented written confirmation that an applicant's name entered on the wait list was sent, their position on the wait list and a notification of their right of access to the wait list as provided in paragraph (8) of these rules.

The findings included:

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.

1200-13-1-03(3)
The facility shall send written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a minimum the date and time of entry on the wait list and shall be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph 1 above.

1. The facility has developed a letter in order to send written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a
## N 003 Continued From page 5

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility failed to maintain a waiting list that documented written confirmation that an applicant's name entered on the wait list was sent, their position on the wait list and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. 

During an interview in the Administrator's office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all of the requirements.

### 1200-13-1-.08(4)

Each Long Term Care Facility participating in the medical assistance program shall admit applicants in the chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule.

This Rule is not met as evidenced by:

Based on review of the OCRC [Office of Civil Rights Compliance]/Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented applicants were admitted in chronological order.

The findings included:

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility minimum the date and time of entry on the wait list and shall be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph 1 above.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

### 1200-13-1-.08(4)

The facility will ensure that each Long Term Care Facility participating in the medical assistance program shall admit applicants in chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule.

[Cont on next page]
3. Admission director has been educated by the Administrator on sending out letters of written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a minimum the date and time of entry on the wait list and shall be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph. The Waiting List letters has been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
1. The facility wait list will ensure that each Long Term Care Facility participating in the medical assistance program shall admit applicants in chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

3. Admission director has been educated by the Administrator on ensuring that each Long Term Care Facility participating in the medical assistance program shall admit applicants in chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule. The Waiting List has been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan
N 003 Continued From page 6

failed to maintain a waiting list that documented applicants were admitted in chronological order.

During an interview in the Administrator's office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all the requirements.

1200-13-1-08(5)
Documentation justifying deviation from the order of the wait list must be maintained for inspection by the Department. Inspection shall include the right to review and/or make copies these records. Deviation may be based upon: (a) Medical need, including, but not necessarily limited to, the expedited admission of patients being discharged from hospitals and patients who previously resided in a Long Term Care Facility at a different level of care, but who, in both cases, continue to require institutional medial reserves; (b) The applicant's sex, if the available bed is in a room or a part of the facility that exclusively serves residents of the opposite sex; (ac) Necessity to implement the provisions of a plan of affirmative action to admit racial minorities, if the plan has previously been approved by the Department; (d) Emergency placements requested by the Department when evacuating another health care facility or by the Adult Protective Service of The Tennessee Department of Human Services; (e) Other reasons or policies... previous participation in a community based waiver or other alternative care program, when approved by the Medical Director of the Department's Bureau of Manpower and Facilities; provided, however, that no such approval shall be granted if to do so would in any

1200-13-1-08(5)
The facility will ensure and maintain a waiting list that documented justification of deviation from the order of the wait list.

1. The facility wait list will ensure that each Long Term Care Facility participating in the medical assistance program shall admit applicants in chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule. Any deviations have been noted on the waiting list.
2. Based on the alleged deficiency, people placed on the wait list have the potential to be affected.

3. Admission director has been educated by the Administrator on ensuring that each Long Term Care Facility participating in the medical assistance program shall admit applicants in chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule. Any deviations have been noted on the wait list. The Waiting List has been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&I Committee by the NHA monthly x 3 months to access the effectiveness of plan.
Continued From page 8

Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all of the requirements.

1200-13-1-.08(6)
Telephone requests to be placed on the wait list shall be accepted. The information required in paragraph (1) shall be documented.

This Rule is not met as evidenced by:

Based on review of the OCRC / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented telephone requests.

The findings included:

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility failed to maintain a waiting list that documented telephone requests.

During an interview in the Administrator's office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all of the requirements.

1200-13-1-.08(7)
If an applicant, whether on his or her own behalf or acting through another, requests admission or to be placed on a list of applicants awaiting admission, the information on the waiting list

The facility will ensure that telephone requests are placed on the wait list shall be accepted. The information required in paragraph (1) shall be documented.

1. A waiting list will indicate that telephone requests are placed on the wait list and accepted.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

1200-13-1-.08(7)
The facility will maintain a wait list that documents applicants request for admission.
3. Admission director and staff have been educated on the waiting list by the Administrator. Based on the alleged deficiency all people placed on the wait list have the potential to be affected. The Waiting List will be reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
1. A waiting list will indicate the applicants' request for admission.

2. Based on the alleged deficiency, people placed on the wait list have the potential to be affected.

3. Admission director and staff have been educated on the waiting list by the Administrator. The Waiting List will be reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
Continued From page 9

must be recorded and preserved.

This Rule is not met as evidenced by:

Based on review of the OCRC / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented applicants requests for admission.

The findings included:

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility failed to maintain a waiting list that documented applicants requests for admission.

During an interview in the Administrator’s office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility’s waiting list was not complete and did not meet all of the requirements.

1200-13-1-08 (8)

Applicants (or their representative), Ombudsman and appropriate State and Federal personnel shall have access to the wait list when requested. Such access shall include the right to review and/or copy the wait list, and to be informed by telephone of their position on the wait list.

This Rule is not met as evidenced by:

Based on review of the OCRC / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list and ensure access to the wait list.

1200-13-1-08(8)

The facility will ensure and maintain a waiting list and ensure access to the wait list.

1. A waiting list has been accessible at all times to all staff.

2. Based on the alleged deficiency people placed on the wait list have the potential to be affected.

3. Admission director and staff has been educated access to the waiting list by the Admission Director or Administrator. The Waiting List has been reviewed daily by the Administrator and Admission Director at a minimum of 5 days a week to
The findings included:

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 10/14/13 through 10/17/13 the facility failed to maintain a waiting list and ensure access to the wait list.

During an interview in the Administrator's office on 10/17/13 at 3:00 PM, the waiting list requirements were discussed with the Administrator. The Administrator confirmed the facility's waiting list was not complete and did not meet all of the requirements.

(3) Infection Control.

(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 #19

Tennessee Code Annotated 88-11-804(c)19:
The nursing home shall be clean and sanitary and in good repair at all times.

Based on policy review, review of a job descriptions, observation and interview, it was determined the facility failed to ensure the nursing
Continued From page 11

The findings included:

1. Review of the facility's "Residents' Rights" policy documented, "...QUALITY OF LIFE. A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life... Environment. The facility must provide... A safe, clean, comfortable, and homelike environment... Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior..."

Review of the facility's "Maintenance Service" policy documented, "...The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times... Functions of maintenance personnel include, but are not limited to...Maintaining the building in good repair and free from hazards..."

Review of the facility's "Work Orders, Maintenance" policy documented, "...In order to establish a priority of maintenance service, work orders must be filled out and forwarded to the Maintenance Director... It shall be the responsibility of the department directors to fill out and forward such work orders to the Maintenance Director..."

Review of facility's "Safety and Supervision of Residents" policy documented, "Our facility strives to make the environment as safe as possible. Resident safety..."

1. a. Room 101 - Loose cove base strips behind the door and around the closet and the gap of cove base in the corner has been fixed.
   b. Room 103 - Chipped paint around the door frame of the closet has been repainted. The paper towels around the window frame has been removed and the resident has been educated that she can not stuff paper towels in the window frame.
   c. Room 104 - Loose cove base strip by the bathroom door and the air conditioner has been repaired. The chipped paint and dry wall has been repaired.
   d. Room 105 - The chipped paint by the cabinet has been repainted. The dresser has been repaired and a new one ordered.
   e. Room 109 - The chipped paint has been repainted.
   f. Room 110 - The loose cove base strip by the closet has been repaired. The glued bathroom door knob has been repaired. The vanity has been repaired and a new one ordered.
   g. Room 106 - The chipped paint on the door frame of the closet has been repainted. The chipped dry wall and...
and supervision and assistance to prevent accidents are facility-wide priorities... 2. Safety risks and environmental hazards are identified on an ongoing basis... Resident Risks and Environmental Hazards... These risk factors and environmental hazards include... c. Falls... e. Unsafe Wandering... g. electrical safety...

2. Review of the Administrator’s job description documented, "...The primary purpose of your job position is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times... Administrative functions... Make routine inspections of the facility to assure that established policies and procedures are being implemented and followed... Safety and Sanitation... Ensure that the building and grounds are maintained in good repair... Equipment and Supply Maintenance... Ensure that the facility is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services..."

Review of the Director of Nursing Services’ job description documented, "...As Director of Nursing Services, you are delegated the administrative authority, responsibility, and accountability necessary for carrying out your assigned duties... Safety and Sanitation... Ensure that all resident care rooms, treatment areas... are maintained in a clean, safe, and sanitary manner..."

Review of the Maintenance Supervisor’s job description documented, "...The primary purpose

gouges has been repaired. The bathroom sink has been replaced
h. Room 107 – The chipped paint on the door frames of the closet. The chipped dry wall and gouges has been repaired. The bathroom floor has been painted.
i. Room 108 – The chipped paint of the door frame of the closet has been painted. The chipped dry wall and chipped dry wall and gouges have been repaired.
j. Room 111 - The chipped paint of the door frame of the closet has been painted. The chipped dry wall and chipped dry wall and gouges have been repaired.
k. Room 112 - The chipped paint of the door frame of the closet has been painted. The chipped dry wall and chipped dry wall and gouges have been repaired.
l. The gouges and scrapes have been fixed outside A hall women’s shower room.
Continued From page 13

of your job position is to assist in supervising the
day-to-day activities of the Maintenance
Department in accordance with current federal,
state, and local standards, guidelines and
regulations governing our facility, and as may be
directed by the Director of Maintenance, to
assure that our facility is maintained in a safe and
comfortable manner... Personal Functions...
Ensure that painting, rework or repairing of facility
equipment is accomplished in accordance with
established policies... Conduct daily inspections
of assigned work areas to assure that cleanliness
and sanitary conditions are maintained...Other(s)
that may become necessary/appropriate to
assure that our facility is maintained in a safe
manner...

3. Observations during the initial tour of the A hall
on 10/14/13 beginning at 9:55 AM revealed the
following:
   a. Room 101 - loose cove base strips behind
      the door and around the closet and there was a gap
      in the cove base strip in the corner.
   b. Room 103 - chipped paint around the door
      frame of closet and paper towels stuffed in the
      window frame.
   c. Room 104 - loose cove base strip by the
      bathroom door and air conditioner and chipped
      paint and dry wall.
   d. Room 105 - chipped paint by the closet
      and dresser scratched up.
   e. Room 109 - chipped paint.
   f. Room 110 - loose cove base strip by the closet,
      loose bathroom door knob and wood of toilet
      vanity in disrepair.

Observations on A hall on 10/16/13 at 5:00 PM
revealed the following:
   a. Room 106 - chipped paint on the door frame
      of the closet, chipped dry wall with gouges and
m. Room 206 - Baseboards has been
   installed. Cover has been placed on AC
   unit and a new PTAC has been ordered,
oxygen concentrators have been
   removed, curtains has been put up and
   covers have been placed over electrical
   outlets. In the bathroom baseboards
   have been installed, cover has been
   placed over light, hole in the wall has
   been repaired and the commode has
   been cleaned.

n. Room 208 - Baseboards has been
   installed, cover placed on AC unit and a
   new PTAC has been ordered and
   rolling cart has been removed. In the
   bathroom, the sink has been repaired,
   the commode has been replaced, the
   hole in the wall has been repaired and
   baseboard has been installed.

o. Room 211 - The AC unit has been
   ordered and will be replaced and the
   wires have been fixed. In the
   bathroom, the baseboards have been
   installed, the light cover has been
   replaced, the flooring has been
   repaired, the hole has been repaired
   and the toilet has been fixed.
<table>
<thead>
<tr>
<th><strong>(24) ID</strong></th>
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<tr>
<td>N 645</td>
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<td>p. Room 212 – The floor tiles have been replaced. The furniture and equipment has been organized, the high back chair has been removed.</td>
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<td>Continued From page 14</td>
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<td>q. Room 213 - The chest has been removed from the entrance.</td>
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<td>a. Cracks in the bowl and sides of the bathroom sink.</td>
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<td>r. Room 215 – The baseboards have been replaced, the cover on the AC has been replaced and a new PTAC has been ordered and the floor has been cleaned. The stained recliner the rocking chair and the 2 broken upright chairs have been thrown away. The bathroom floor tile and the commode have been repaired.</td>
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<td>b. Room 107 - Chipped paint on the door frame of the closet, chipped dry wall with gouges and torn places in the bathroom floor.</td>
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<td>s. Room 216 – The baseboards have been replaced, the ac cover has been replaced and a new PTAC unit has been informed and the floor has been cleaned. In the bathroom, the floor has been cleaned the baseboards, floor and sink has been repaired.</td>
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<td>c. Room 108 - Chipped paint on the door frame of the closet, chipped dry wall with gouges.</td>
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<td>t. B hall – The wheelchair boxes has been discarded, the boxes of miscellaneous items discarded and the chest, bedside table and 2 beds has been moved to storage.</td>
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<td>d. Room 111 - Chipped paint on the door frame of the closet, chipped dry wall with gouges.</td>
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<td>e. Room 112 - Chipped paint on the door frame of the closet, chipped dry wall with gouges and a gap in the crown base strip in the corner by the bathroom door.</td>
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N 545  Continued From page 15

was a hole in the wall and the toilet was running.

d. Room 212 - flooring tiles had been removed from the floor. The room was overlaid with furniture / equipment that spilled out in the hallway and surveyor was unable to view bathroom and a portion of room not visible from doorway. A highback wheelchair was partially setting in the hallway and filling the doorway.

e. Room 213 - entrance was blocked by a chest sitting in the hallway/doorway.

f. Room 215 - a sign was posted on the door stated "Nursing Equipment Storage Room". The room had no baseboards, no corner on the AC unit, the floor was dirty and littered with dead bugs. There was a stained recliner, a broken rocking chair and two broken upright chairs in the room. The bathroom had cracked tile and no tank top on the commode.

g. Room 216 - a sign posted on the door stated "Broken Equipment Storage Room". The room had no baseboards, the AC unit over was missing, the floor that was visible was dirty with debris and dead bugs, the bathroom floor was dirty with debris and dead bugs, there were no baseboards, tiles were missing and the sink faucet was dripping.

h. The B hall contained three empty wheelchair boxes, a rolling walker, two boxes with miscellaneous items, a chest, a bedside table and two beds.

i. The hall ceiling outside room 203 had a large area of dark brown stain with loose and dangling sheetrock and a hole in the ceiling with wiring visible. The hallway ceiling outside room 206 had a brown stain, and a hole in the ceiling with wiring visible. The hallway ceiling outside room 213 had a brown stain with a hole in the ceiling. The hallway ceiling outside rooms 215 and 216 had a hole with sheetrock dangling out, and had a brown stain.

u. The ceiling outside 203 has been repaired, the ceiling outside 208 has been repaired, the ceiling outside 213 has been repaired, and the ceiling outside 215 and 216 has been repaired.

v. Exit doors - The floor has been cleaned and baseboards installed.

w. The handrail has been replaced between 206 and 208. New handrails have been ordered.

x. Room 304 - The peeling paint around the night light cover has been repaired.

y. Room 306 - The vanity has been repaired and a new one ordered.

z. Room 307 - The cove base strip around the closet has been repaired.

aa. Room 309 - The bathroom door has been replaced. The ceiling has been finished.

bb. Room 311 - The corner cove base strip has been repaired. The dresser has been repaired and a new one ordered. The vanity has been repaired and a new one ordered. The sink has been replaced.

cc. Room 310 - The wood under the air conditioner has been repaired, the chipped paint around the night light cover has been repaired. The vanity has been repaired and a new one ordered.
dd. Room 312 - The chipped paint around the night light cover has been repaired. The dresser has been repaired and a new one ordered. The sealer around the air conditioner has been repaired.

ee. Room 313 - The dresser has been repaired and a new one ordered. The chipped paint and the gouges in the closet door have been repaired.

ff. Room 315 - The missing cove base strips by the closet has been repaired. The loose and bent bathroom door handle has been replaced. The torn cove base strip in the bathroom has been repaired.

gg. Room 316 - The bedside table has been replaced. The chipped paint on the bathroom door and door frame of the closet has been repaired.

hh. Room 317 - Loose exposed wire (telephone wire) was removed. The cover of the bathroom night light has been repaired. The vanity was repaired and a new one ordered.

ii. The chipped paint and the gouges in the wall between rooms 310 and 312 and the paint around the night lights in Rooms 307 and 309 has been repaired.
N 545  Continued From page 17

cover and the wood filler between the doors of the
bathroom vanity was missing.

b. Room 312 - chipped paint around the night
light cover, dresser on the B side had chipped
dresses and the sealer around the air conditioner
was cracked.

c. Room 313 - no knobs on the doors of B side
dresser, a knob was missing on dresser along the
wall, large dresser along wall missing 2 knobs
and chipped paint and gouges in the closet door
frame.

d. Room 315 - missing cove base strips by the
closet, loose and bent bathroom door handles
and torn cove base strip in the bathroom.

e. Room 316 - bedside table on A side had
chipped area, chipped paint on bathroom door
and door frame of closet.

f. Room 317 - loose, exposed wire in corner by
the window, cover of bathroom night light was
loose and the wood filler between the doors of the
bathroom was missing.

Observations on the C hall on 10/15/13 at 5:10
PM, revealed chipped paint and dry wall with
gouges between rooms 310 and 312 and paint
around a night light cover between rooms 307
and 308 was chipped.

During an interview on the C Hall on 10/17/13 at
2:00 PM, the Maintenance Supervisor was asked
how the facility monitors the residents' rooms.
The Maintenance Supervisor stated, "...we have a
daily checklist..." The Maintenance Supervisor
was asked how the facility addressed disrepair in
the residents' rooms. The Maintenance Director
was unable to state the facility's procedure and
stated, "...let me check with the Administrator..."

During an interview on the C hall on 10/17/13 at
2:15 PM, the Maintenance Supervisor was asked

jj. 419 - The loose cove base strip has
been repaired. The floor tiles have
been repaired. The over bed table has
been repaired and a new one ordered,

kk. Room 416 - The chipped paint has
been repaired. The toilet has been
replaced. The bedside dresser has been
repaired and a new one ordered,

ll. Room 414 - The dresser has been
repaired and a new one ordered. The
vanity has been repaired and a new one
ordered. The chipped paint on the door
has been repaired.

mm. Room 409 - The loose bathroom
handle has been repaired. The
bathroom mirror has been repaired.
The vanity has been repaired and a new
one ordered. The chip paint has been
repaired. The dresser has been
repaired and a new one ordered.

nn. Room 411 - The chipped paint on
the door frame of the closet has been
repaired. The chipped dry wall with
gouges has been repaired.

oo. Room 413 - The vanity has been
repaired and a new one ordered, The
commode has been replaced.

pp. Room 415 - The chipped paint on
the door frame of the closet has been
repaired. The chipped dry wall with
gouges has been repaired.
Continued From page 18

about how the facility repairs the paint and dry wall chips and gouges. The Maintenance Supervisor stated, "There is one guy painting."

6. Observations during the initial tour of D hall on 10/14/13 beginning at 8:55 AM revealed the following:
   a. Room 419 - loose cove base strip, several chipped floor tiles and an overbed table with ragged edges.
   b. Room 416 - chipped paint, chipped toilet finish and bedside dresser scratched up.
   c. Room 414 - A side dresser chipped, wood from toilet vanity in disrepair and chipped paint on the door.
   d. Room 409 - loose bathroom door handle, bathroom mirror chipped, wood from toilet vanity in disrepair, chipped paint and dresser scratched up.

Observations on D hall on 10/16/13 at 5:20 PM revealed the following:
   a. Room 411 - chipped paint on the door frame of the closet, chipped dry wall with gouges.
   b. Room 413 - the wood filler between the doors of the bathroom vanity was missing and a gray-black build-up in the bowl of the commode.
   c. Room 415 - chipped paint on the door frame of the closet, chipped dry wall with gouges.
   d. Room 417 - chipped paint on the door frame of the closet, chipped dry wall with gouges and board on A side wall had nicks and was splintered.
   e. Room 418 - the wood filler between the doors of the bathroom vanity was missing, loose light cover and chipped paint on the closet door frame and dry wall.

Observations on the D hall by the women's shower room on 10/15/13 at 5:20 PM, revealed

qq. Room 417 - The chipped paint on the door frame of the closet has been repaired. The chipped dry wall with gouges has been repaired. The board on A side has been removed.
rr. Room 418 - The vanity has been repaired and a new one ordered. The loose light light the chipped paint on the closet door and the dry wall has been repaired.
s. The chipped paint and dry wall outside the D hall women's shower room has been repaired.
tt. The cove base on C and D hall nursing stations has been replaced and the paint and dry wall has been repaired.
uu. The dining room door across from A hall nurses station has been repainted.
vv. The door by the administrator's office with chipped paint and gouges has been repaired.
ww. The conference room light covers, loose baseboards have been repaired, the floor has been cleaned.
xx. The support pole in the activities room has been repainted and the loose cove base repaired.
<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>N 645</td>
<td>Continued from page 19 chipped paint and dry wall.</td>
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<tr>
<td></td>
<td>7. Observations in the main dining room on 10/15/13 at 4:00 PM revealed the following:</td>
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<td></td>
<td>a. A corner of the cove base strip by the door across from the C and D hall nurses' station was missing and the paint and dry wall was chipped by the door.</td>
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<td></td>
<td>b. The dining room door across from the A hall nurses' station had chipped paint.</td>
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<td>c. The wall by the administrator's office had chipped paint and gouges in the dry wall.</td>
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<td>8. Observations of the conference room on 10/15/13 at 4:30 PM revealed broken and missing light covers, loose baseboards and scattered brown stains on the floor.</td>
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<td>9. Observations in the activities room on 10/15/13 at 3:55 PM revealed a support pole with an area of paint chipped away and loose cove base strips in two areas by each of the small bookcases.</td>
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<td></td>
<td>10. Observations in the laundry room on 10/15/13 at 5:00 PM revealed a wet blanket laying on the floor behind the washer, a bent vent cover hanging down leaving a gap in the ceiling and shreds of ceiling material hanging down beside the vent cover. The bottom of the back door to the laundry room was bent leaving a gap between the two doors and the ground. The bottom of the metal door frames around the back doors were rusted, and part of the metal frame was eroded away revealing the concrete support which also had been partially eroded away.</td>
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<td>During an interview in the laundry room on 10/15/13 at 2:30 PM, laundry staff member #1 stated after the fields behind the facility are cut, yy. The ceiling behind the washer has been repaired. The laundry doors and frame have been ordered and will be replaced so furry friends and water can't get into building.</td>
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<tr>
<td></td>
<td>2. Based on alleged deficiency current residents have the potential to be affected.</td>
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<td></td>
<td>3. Staff has been educated on room repairs and to put all room repairs in the Maintenance Log so they can be repaired by the Maintenance Director.</td>
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<td>Housekeeping has been educated on cleaning of rooms by the Administrator, IDT has been in serviced on looking at the following items during morning rounds; cove base, painting, bathroom door knobs, vanities, sinks, floors and furniture are in good repair during daily rounds at a minimum of 5 days a week to ensure compliance. Room inspections have been completed on rooms to ensure that cove base, painting, bathroom door knobs, vanities, sinks; floors and furniture were in good repair. Items that were identified were repaired. Results will be reported daily during morning start up.</td>
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Continued from page 20

they get some "small furry friends." Laundry staff member #1 stated when there is a substantial rain, the water from the field backs up.

During an interview in the laundry department on 10/17/13 at 10:45 AM, laundry staff member #1 was asked about water in laundry room. Laundry staff member #1 stated, "It can get pretty deep... had to use shop vac to drain it." Laundry staff member #1 was asked how deep was it. Laundry staff member #1 stated, "I would get my pants wet [pointing to pants legs above the ankle—approximately 3-4 inches deep]..." Laundry staff member #1 was asked about the vent and ceiling above the washer. Laundry staff member #1 stated, "It's been like that since I've been here... about 3 years..."

During an interview in the laundry room on 10/17/13 at 2:00 PM, the Maintenance Supervisor confirmed the back door was bent and that there was a gap between the doors. The Maintenance Supervisor confirmed that water came under the door into the laundry area during heavy rains. He also confirmed the metal door frames and concrete supports were eroded.

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

(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.

at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.

N767 1200-8-6-.06(9)(l) BASIC SERVICES FOOD AND DIETETIC SERVICES

The facility will ensure that food is 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.
N 767  Continued From page 21

This Rule is not met as evidenced by:
Type C Pending Penalty #22

Tennessee Code Annotated 68-11-804(c):22:
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.

Based on policy review, observation and interview, it was determined the facility failed to ensure food was protected from sources of contamination as evidenced by condensation in the freezer, pots and pans with a carbon buildup; food not covered or dated; stove, food prep table and floor were dirty; dirty dry storage room with rotten boards and failed to ensure the sanitizer compartment of the sink contained the correct amount of sanitizer.

The findings included:

1. Review of the facility's "Sanitation" policy documented, "The food service area shall be maintained in a clean and sanitary manner... 1. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. 2. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosion, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair... 17. The Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food

<table>
<thead>
<tr>
<th>ID PREFFR TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFFR TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>N 767 COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 767</td>
<td>Continued From page 21</td>
<td>N 767</td>
<td>1.a. The stick of butter was covered up and labeled and dated.</td>
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<td></td>
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<td>b. The carton of thickened liquid was discarded.</td>
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<td>c. The food delivery was put into walk in freezer and when the door was shut the defrost turned off so therefore the condensation resolved. Anytime the freezer has a drop in temperature due to putting items in it the defrost automatically kicks on.</td>
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<td>d. Seven shallow pans, two deep baker pans, a small deep fry pan and a large pot has been all discarded.</td>
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<td></td>
<td>e. Stove and grease trap has been disassembled and black buildup removed as best as possible. New stove has been ordered.</td>
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<td>f. Deep fryer has been cleaned.</td>
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<td>g. Food prep tables have been cleaned.</td>
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<td>h. Kitchen floor has been swept and mopped.</td>
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<tr>
<td></td>
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<td></td>
<td>i. Large pot of gravy in walk in refrigerator was labeled and dated.</td>
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<td>j. Dirty electrical panel box has been cleaned. The rotten wooden boards have been repaired.</td>
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<td>k. A new NSF plate was acquired to show the required manufacturers</td>
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<td>N 767</td>
<td>Continued From page 22</td>
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</table>
|       | Service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment.
|       | Observations in the kitchen on 10/14/13 from 9:55 AM through 10:15 AM revealed the following:
|       | a. Reach-In Refrigerator contained a stick of butter that was not covered and a carton of thickened liquid with a sticky note dated 8/23/13.
|       | b. Wall-In Freezer had condensation on the ceiling.
|       | c. Seven shallow pans, two deep baker pans, a small deep pan and a large pot with a carbon buildup on them.
|       | d. Stove with a black buildup.
|       | e. Grease trap had a black buildup.
|       | f. Deep fryer with a greasy buildup and contained used grease with food particles floating in the oil.
|       | g. Food prep table sides were splattered and greasy and had food debris around the edges.
|       | h. Kitchen floor was dirty with scattered food particles.
|       | i. Walk-In refrigerator contained a large pot of gravy that was covered but not labeled or dated.
|       | j. Dry food storage room had dirty electrical equipment and rotted wooden boards that were covered with dirt and food debris.
|       | During an interview in the kitchen on 10/14/13 at 10:00 AM, Dietary staff member #1 stated, "That [thickened liquid] is not suppose to be there...will discard..." Dietary staff member #1 was then observed to discard the thickened liquid and covered the stick of butter.
|       | Observations in the dry food storage room on 10/15/13 at 2:30 PM, revealed the room continued to have dirty, rotted wooden boards

<table>
<thead>
<tr>
<th>N 767</th>
<th>Recommendations</th>
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|       | 1. The sink was emptied and a new bottle of sanitizer was installed. Sink was refilled and rechecked.
|       | 2. Based on the alleged deficiency current residents have the potential to be affected.
|       | 3. Staff has been educated by CDM on kitchen sanitation and use of daily cleaning schedule to ensure compliance. The RD visited the building and did complete sanitation rounds of the kitchen. Any areas of concerns were fixed immediately. CDM will daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.
|       | 4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
Continued From page 23

that were coated with dirt and food debris.

Observations in the kitchen on 10/15/13 at 5:00 PM, revealed the food prep table sides and edge continued to have a buildup of food debris and the walk-in refrigerator contained a large deep pot of gravy.

2. Observations in the kitchen on 10/15/13 at 11:35 AM, revealed the 3 compartment sink in use and there were 2 deep pans in the sanitizer sink. The Certified Dietary Manager (CDM) tested the sanitizer level and it registered 50 parts per million (PPM). The CDM stirred the water and checked the sanitizer level again it still registered at 50 PPM. The CDM added 5 squirts of sanitizer 3 times for a total of 15 squirts, retested and again it registered 50 PPM. The CDM added an additional 5 squirts of sanitizer and retested and it continued to register at 50 PPM.

During an interview in the kitchen on 10/15/13 at 11:35 AM, the CDM was asked what the sanitization level should read. The CDM stated, "It should be 200 PPM."