<table>
<thead>
<tr>
<th>N 630</th>
<th>1200-8-6-.06(3)(b)(9). Basic Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
<td>Infection Control.</td>
</tr>
<tr>
<td>9.</td>
<td>The facility shall have written policies and procedures governing care of residents during the failure of the air conditioning, heating or ventilation system, including plans for hypothermia and hyperthermia. When the temperature of any resident area falls below 65° F. or exceeds 85° F., or is reasonably expected to do so, the facility shall be alerted to the potential danger, and the department shall be notified.</td>
</tr>
<tr>
<td></td>
<td>This Rule is not met as evidenced by:</td>
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<tr>
<td></td>
<td>Type c Pending Penalty #20</td>
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<tr>
<td></td>
<td>When the temperature of any resident area falls below 65° F. or exceeds 85° F., or is reasonably expected to do so, the facility shall be alerted to the potential danger, and the department shall be notified.</td>
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<td></td>
<td>Based on policy review, observation and interview, it was determined the facility failed to ensure the air temperature of the common areas was maintained at a comfortable level on 3 of 4 (11/12/13 and 11/13/13) days of the survey.</td>
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<tr>
<td></td>
<td>The findings included:</td>
</tr>
<tr>
<td>1.</td>
<td>Review of the facility's &quot;Building Standards&quot; policy documented, &quot;...Temperatures in residents' rooms and common areas will be according to state... requirements...&quot;</td>
</tr>
<tr>
<td>2.</td>
<td>Observations in the 200 hall on 11/12/13 at 12:05 PM, revealed Resident #16 propelling self</td>
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</tbody>
</table>

The facility will have written policies and procedures governing care of residents during the failure of the air conditioning, heating or ventilation system, including plans for hypothermia and hyperthermia. When the temperature of any resident area falls below 65° F. or exceeds 85° F., or is reasonably expected to do so, the facility will be alerted to the potential danger, and the department will be notified.

Residents affected:
On 11/14/13 heating unit was cleaned and inspected with temporary repairs performed per Maintenance Supervisor.

Heating unit was repaired per HVAC Technician on 11/18/13.

Residents potentially affected:
Heating units will be inspected per Maintenance Supervisor/Plant Operation Manager by 12/15/13.

Systemic measures:
During daily environmental rounds per Department Heads will check for uncomfortable temperatures. Findings will be reported to Administrator/Plant Operation Manager during morning Department Head meeting.

Staff will be educated by 12/15/13 per Staff Development Coordinator/Plant Operation Manager to report uncomfortable temperatures to supervisor/Maintenance/Administrator.

Plant Operation Manager will inspect HVAC unit(s) quarterly to ensure condition and proper functioning.

Monitoring measures:
During daily environmental rounds per Department Heads will check for uncomfortable temperatures.

Received: 12/5/13
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 630</td>
<td>Continued From page 1 down the hall stating, &quot;...I am going to the other side of the hall it may be warmer over there...&quot;</td>
<td>N 630</td>
<td>Findings will be reported to Administrator/Plant Operation Manager during morning Department Head meeting. Thermometers will be placed on each unit by 12/15/13 and will be monitored per Plant Operations Manager/Charge Nurse daily. HVAC unit(s) service records will be monitored via TELS Maintenance System generating quarterly checks to ensure inspections are completed and will be monitored per Administrator. Findings will be reported to QA Committee Team during monthly meeting per Administrator.</td>
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</tr>
<tr>
<td>N 645</td>
<td>1200-8-6-.06(3)(k) Basic Services (3) Infection Control. (k) Space and facilities for housekeeping</td>
<td>N 645</td>
<td>BASIC SERVICES Infection Control Space and facilities for housekeeping The building will be kept in good repair, clean, sanitary and safe at all times.</td>
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</tbody>
</table>
### Statement of Deficiencies

**Provider/Supplier/Clinic Identification Number:**

TN4802

**Name of Provider or Supplier:**

The Bridge at Ridgely

**Street Address, City, State, Zip Code:**

117 N Main Street

Ridgely, TN 38068

#### Summary Statement of Deficiencies

**ID Tag:** N 645

**Prefix Tag:** Continued from page 2

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 68-11-804(c)19

The nursing home shall be clean, sanitary and in good repair at all times.

Based on policy review, observation and interview, it was determined the facility failed to ensure 15 of 51 (Rooms 201, 203, 204, 205, 206, 207, 208, 210, 212, 213, 214, 215, 216, 217 and 218) resident rooms; 3 of 6 (200 hall shower room, 200 hall bathroom, 300 shower room) showers and bathrooms and 1 of 3 (200 hall) halls were maintained in a clean, safe and sanitary manner.

The findings included:

1. Review of the facility's "Floor Care" policy documented, "...Floors shall be maintained in a clean, safe and sanitary manner."

2. Review of the facility's "Five Step Daily Resident Room Cleaning" policy documented, "...Resident's rooms are properly cleaned and sanitized on a scheduled daily basis to prevent the spread of infection and bacteria."

3. Review of the facility's "Environmental / Housekeeping / Floor Care" policy documented,

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**Residents Affected:**

- Hall corridor (200) was deep cleaned on 11/15/13 per Plant Operation Manager and Maintenance.

- Resident rooms 201, 203, 204, 205, 206, 207, 208, 210, 212, 213, 214, 215, 216, 217, 218 will be deep cleaned per Plant Operation Supervisor/Designee by 12/20/13.

- 200 hall common shower room, 200 hall common bathroom, 300 hall common shower room will be deep cleaned per Plant Operation Supervisor/Designee by 12/20/13

- Residents potentially affected: Administrator and Plant Operation Manager conducted room to room inspection on 11/15/13 and no further concerns observed.

- Staff educated on 11/15/13 per Administrator regarding policy and procedure, and notification of soiled, stained flooring requiring maintenance.

- Systemic measures:
  - During daily environmental rounds per Department Managers common shower rooms, common bath rooms, resident rooms, and hallway corridor will be inspected and findings reported to Administrator/Plant Operation Manager during morning Department Managers meeting.
  - Plant Operation Manager will be notified via TELS Maintenance System of quarterly deep cleaning of common shower rooms, common bath rooms, resident rooms, and hallway corridor.

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**Date Survey Completed:**

11/15/2013
N 645
Continued From page 3

"...Floor work-Ceramic Tile... Daily Care: All ceramic tile should be swept and mopped daily. This helps control odor and retains floor appearance..."

2. Observations in rooms 201, 203, 204, 205, 206, 208, 210, 212, 213, 214, 215, 216 and 217 on 11/14/13 starting at 3:30 PM, revealed there was a build up of dirt at the door frames and dried paint droplets on the floor.

3. Observations in room 204 on 11/12/13 beginning at 11:45 AM, revealed the bathroom sink faucet was corroded around the base of the faucet and the bathroom floor was dirty and stained.

4. Observations in room 205 on 11/12/13 at 11:50 AM, revealed the bathroom floor was dirty and stained around the wall and trash was on the floor.

Observations in room 206 on 11/13/13 at 8:05 AM, revealed the bathroom floor was dirty with pieces of chipped paint on the floor and pieces of paper towels on the floor and pieces of wood covering the door were broken off and missing.

5. Observations in room 207 on 11/13/13 at 8:10 AM, revealed the bathroom floor was dirty, dirt on the floor along the wall, white specks on the floor, dirty paper towels and pieces of torn paper towels on the floor.

6. Observations in room 212 on 11/12/13 at 12:05 PM and 3:30 PM, revealed the bathroom was dirty and the floor was stained and the bathroom walls had white spots like they were patch and not painted.

Monitoring measures:

During daily environmental rounds per Department Managers common shower rooms, common bath rooms, resident rooms, and hallway corridor will be inspected and findings reported to Administrator/Plant Operation Manager during morning Department Managers meeting.

Plant Operations Manager will conduct monthly inspections of common areas, resident rooms, to ensure compliance.

Findings will be reported to QA Committee Team during monthly meeting per Plant Operations Manager.
**N 645 Continued From page 4**

Observations in room 212 on 11/13/13 at 8:25 AM, revealed there were small paint chips or white flecks of trash and food crumbs on the floor in the bathroom.

7. Observations in room 214 on 11/12/13 at 12:05 PM, revealed the bathroom floor was dirty and there were chipped paint pieces on the floor, there were dark stains around the sink faucet, around the wall on the floor and around the commode and there were dirty paper towels on the floor.

Observations in room 214 on 11/14/13 at 8:15 AM, revealed the bathroom floor was dirty with small pieces of paper and trash on the floor.

8. Observations in room 217 on 11/12/13 at 11:00 AM, revealed the bathroom floor covering was torn in the doorway and cracked along the wall, there was dirt and grime around the wall on the floor, the toilet tissue holder was rusted and the finish of the wooden door to the bathroom had chipped out places.

9. Observations in room 218 on 11/12/13 at 12:10 PM, revealed the bathroom faucet had stains on the metal.

Observations in room 218 on 11/14/13 at 3:30 PM, revealed a black line of dirt where the wall joins the floor along the width of the room.

10. During an interview on the 200 hall on 11/14/13 at 11:25 AM, the Administrator was informed of the findings noted above and made the following response "...that is not acceptable... I don't know what it [referring to the paint specks on the floor] is... we did paint a little while back..." The Administrator was then asked if the floors are...
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<th>COMPLETE DATE</th>
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<tr>
<td>N 645</td>
<td>Continued From page 5 continued: stripped and waxed. The Administrator stated, &quot;...we just mop the floors, we don't use wax... yes there has been some neglect... the black around the commode looks like grime...&quot; 11. Observations in the 200 hall central shower room on 11/12/13 at 10:05 AM, revealed a black substance in the floor grout, the shower faucet dripping, shower walls had a brown-black substance on it and the shower wall next to the faucet had a rusty brown substance on it. Observations in the 200 hall central shower room on 11/14/13 at 3:30 PM, revealed peeled wall covering over the shower, the shower was dripping with a steady stream and there was a black color in the tile grout and a black stain around the commode base. 12. Observations in the 200 hall central bathroom on 11/12/13 at 12:05 PM and on 11/14/13 at 3:35 PM, revealed dirty tile grout and black stained shower tiles, a dried brownish, yellow substance on the corner wall halfway down the length of the wall having the appearance of old glue, the shower curtain had a black substance on the front and back of the curtain. During an interview during a walking tour with the Administrator on 11/14/13 beginning at 11:25 AM, the Administrator was asked if the 200 hall bathroom was clean. The Administrator stated, &quot;...I don't know what that [the black in the tile grout and the black in the shower area] is... I think it is just grime... that's not acceptable...&quot; The Administrator was asked what the brownish, yellow substance could be. The Administrator stated, &quot;Looks like something was glued on there and pulled off.&quot;</td>
<td>N 645</td>
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Division of Health Care Facilities
STATE FORM
13. Observations of the 300 hall central shower rooms on 11/14/13 at 8:30 AM, revealed both of
the shower rooms floors had a black substance in
the grout.

During an interview during a walking tour with the
Administrator on 11/14/13 beginning at 11:25 AM,
the Administrator stated, "...I don't know what that
[the black in the tile grout] is... I think it is just
grease... that's not acceptable..."

14. Review of the facility's "Building Standards"
policy documented, "...The physical environment
will be maintained in a safe, clean and sanitary
manner... Vents... Most vents should be cleaned
daily..."

Observations in the 200 hall beside room 208 on
11/12/13 at 11:05 AM, 11/13/13 at 8:05 AM and
11/14/13 at 8:45 AM, revealed a black substance
on the vent in the ceiling.

Observations in the 200 hall beside the shower
and bath on 11/12/13 at 12:00 PM, revealed the
floor in the hallway was dirty.

(b) 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
N 727 Continued From page 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.

Based on policy review, observation and interview, it was determined the facility failed to ensure medications were stored properly as evidenced by an applesauce container in the biohazard refrigerator freezer compartment, internal and external medications stored together, chemicals stored with food supplements and medication in 3 of 5 (Medication room, 100 hall medication cart and 300 hall medication cart) medication storage areas.

The findings included:

1. Review of the facility's "MEDICATION ADMINISTRATION-STORAGE OF MEDICATION" policy documented, "...Orally administered medications are kept separate from externally used medications... Potentially harmful substances (such as... cleaning supplies... disinfectants) are... stored in a locked area separately from medications..."

2. Observations in the medication room accompanied by the Director of Nursing (DON) on 11/14/13 at 11:30 AM, revealed an applesauce container stored in the biohazard refrigerator freezer section.

During an interview in the medication room on 11/14/13 at 11:30 AM, was asked about the applesauce being in the biohazard freezer. The DON stated, "That should not be there."

Residents affected:
On 11/14/13 on the 100 hall medication cart the Juven Supplements were placed in a separate compartment from the Sanicloth cleaners, the package of replacement gastrostomy tubes were removed from the medication cart and placed in medical supply closet, topical medications and wound cleanser were removed and placed on the treatment cart, the ProAir inhaler and Fluzonazol nasal spray were placed in separate compartments, the multiple loose pills were cleaned out and destroyed, and the medication cart was cleaned per Charge Nurse.

On 11/14/13 on the 300 hall medication cart the suppositories were placed in a separate compartment from the batteries, hand sanitizer was placed in a separate compartment, the Sanicloth cleanser was placed in a separate compartment, Jevity was removed from the medication cart, the loose pills were removed from the medication cart and destroyed, and medication cart was cleaned per Charge Nurse.

Residents potentially affected:
Nursing staff will be re-educated by 12/15/13 regarding policy and procedure for storing food supplements away from medications, internal and external medication storage, and chemicals cannot be stored with food supplements, no loose pills in the medication cart and process for keeping medication cart clean per Staff Development Coordinator/DON

Systemic measures:
Nursing staff will be educated upon hire and annually per Staff Development Coordinator/DON regarding policy and procedure for storage of medications, internal and external, food supplement storage and keeping medication carts clean, as well as loose pill recovery form the medication carts.
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<tr>
<td>N 727</td>
<td></td>
<td>Continued From page 8</td>
<td>N 727</td>
<td></td>
<td>Unit manager/Staff Development Coordinator will inspect medication carts weekly to ensure medication carts are clean with no loose pills in drawers, no food supplements or topical medications are stored on the left drawer compartment. Findings will be reported weekly to the DON/ADON per the Unit Manger/Staff Development Coordinator. Monitoring measures: DON/ADON will inspect medication carts monthly to ensure compliance. DON/ADON will report findings to QA Committee Team during monthly meeting.</td>
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<tr>
<td>3.</td>
<td></td>
<td>Observations on the 100 hall accompanied by Nurse #4 on 11/14/13 at 4:15 PM, revealed the pink/100 hall medication cart had 2 packs of Juven protein supplement, a bottle of wound cleanser and a container of Sanicloth cleaners store together in the bottom right drawer and a container of Nystatin powder, a Proair Inhaler and Fluconazole nose spray stored together in the top left drawer compartment. The second drawer on the left had multiple topical medications stored with pill blister packs. During an interview on the 100 hall on 11/14/13 at 4:15 PM, Nurse #4 was asked about topical medications being stored with oral medications. Nurse #4 stated, &quot;I don't know why the treatment meds would be on this cart... We have a treatment cart...&quot; Nurse #4 was asked about Juven and chemical cleansers being stored together. Nurse #4 stated, &quot;They shouldn't be in there together...&quot;</td>
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<tr>
<td>4.</td>
<td></td>
<td>Observations on the 300 hall accompanied by Nurse #5 on 11/14/13 at 4:30 PM, revealed the Blue/300 hall medication cart had suppositories, batteries and hand sanitizer stored together in the top right drawer. A container of Sanicloth cleaners and a can of Jevity were stored together in the bottom right drawer and there was a loose pill in the left second drawer. During an interview on the 300 hall on 11/14/13 at 4:30 PM, Nurse #5 was asked of the medications should be stored with food or medication items. Nurse #5 stated, &quot;They shouldn't be [stored] together...&quot; Nurse #5 was asked if there should be loose pills in the cart. Nurse #5 stated, &quot;No.&quot;</td>
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<td>5.</td>
<td></td>
<td>During an interview in the DON's office on 11/14/13 at 5:00 PM, the DON was informed of</td>
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### N 727
Continued From page 9

the findings observed on the 100 and 300 hall medication carts. The DON confirmed chemicals should not be stored with the food supplements and internal and external medications should not be stored together.

### N 843
1200-8-6-08 (13) Building Standards

13) Electrical drawings shall include where applicable:

- A seal, certifying that all electrical work and equipment is in compliance with all applicable codes and that all materials are currently listed by recognized testing laboratories;

- 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;

- An electrical system that complies with applicable codes;

- Color coding to show all items on emergency power;

- Circuit breakers that are properly labeled; and

- Ground-Fault Circuit Interrupters (GFCI) that are required in all wet areas, such as kitchens, laundries, janitor closets, bath and toilet rooms, etc. and within six (6) feet of any lavatory.

### N 843 BUILDING STANDARDS

Facility will ensure emergency call lights are in working order.

**Residents affected:**

200 hall common bath replace immediately on 11/12/13 per Plant Operations Manager.

**Residents potentially affected:**

Staff was re-educated regarding reporting of non-functioning call lights and emergency lights and to report findings to Plant Operation Manager/Maintenance Supervisor per Administrator on 11/12/13.

Call lights will be inspected for proper functioning per Plant Operations Manager/Maintenance Supervisor by 12/15/13.

**Systemic measures:**

During daily environmental rounds call lights and emergency lights will be inspected for proper functioning per Department Managers. Findings will be reported to Administrator/Plant Operation Manager during daily Department Managers meeting.

Call lights and emergency light systems will be inspected monthly per Plant Operation Manager and monitored via TELS system.

**Monitoring measures:**

During daily environmental rounds call lights will be inspected for proper functioning per Department Managers. Findings will be reported to Administrator/Plant Operation Manager during daily Department Managers meeting.

Administrator will monitor TELS maintenance system to ensure compliance. Findings will be reported to Plant Operation Manager immediately and QA Committee Team during monthly meeting.
**N 843** Continued From page 10

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

Tennessee Code Annotated 68-11-804(c)9

Based on policy review, observation and interview, it was determined the facility failed to ensure the emergency call light was in working order in 1 of 6 (200 hall common bath) common shower rooms.

The findings included:

Review of the facility’s "Building Standards" policy documented, "...The facility will be constructed, arranged and maintained to ensure the safety of the residents."

Observations in the 200 hall common bath / shower room on 11/12/13 at 12:00 PM, revealed that when the call light string was pulled there was no response from the staff. The light was noted not to be flashing in the shower room or above the door.

During an interview in the hall beside the 200 hall common bath / shower room on 11/12/13 at 12:05 PM, Certified Nursing Assistant (CNA) #1 was asked if the call light was working. CNA #1 stated, "It's not working."