(9) Food and Dietetic Services.

(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.

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

Tennessee Code Annotated 68-11-804(c)22:
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 prepared, stored and distributed under sanitary conditions as evidenced by staff not changing gloves or washing hands, not ensuring sanitizer was present in the dish machine, torn ceiling, dirty and rusty doorway, sticky brown material on the floor, a dirty door, chipped paint, dirty wall tile, a table cloth on the floor, a dirty wet dish cloth hanging over a faucet, dirty storage bin, dirty shelf on the steam table and a missing drain cover on 3 of 3 (6/4/12, 6/5/12 and 6/6/12) days.

The findings included:

1. Review of the facility's "Handwashing" policy
1. Staff are now washing hands

   When going from dirty to clean in the Dish room, the dish machine has been repaired (chemical line un-kindled), Ceiling has been repaired over dish Machine, doorway to the pan storage Room has been cleaned and painted, Floor has been mopped and cleaned, Table cloth was removed from hand Sink area and wet dish cloth was Removed from old faucet, sugar tub Was wiped down, drain by ice machine Has been covered, and card board Box by garbage can has been Disposed of.

   2. Sanitation check was Completed by DSM to detect any other Sanitation concerns. Dietary staff

   Was re-educated on cleaning schedule,
   PPM checks for dish machine, proper Garbage disposal, hand washing,
   Clean/dirty cross contamination,
   And ensuring drains are covered
   And no towel/table cloths are put in dirty linen barrels.

   3. Dietary staff was re-educated On cleaning schedule, PPM checks For dish machine after each meal
N 767  Continued From page 2

9:10 AM, the DM stated, "I've got to call [Named Company]."

During an interview in the conference room on 6/4/12 at 4:30 PM, the DM stated, "It was a pinched hose. He [Named Company representative] changed the hose."

3. Observations in the kitchen on 6/4/12 beginning at 9:15 AM, revealed the following:
   a. Torn ceiling on the clean side of the dish machine.
   b. Dirt and rust around the doorway to the clean pan storage room and sticky brown material on the floor under the microwave table.
   c. Dirt down the door to the outside, chipped paint and a dirty tiled wall by the sink, which when washed with a towel by the DM, the dirt came off.

During an interview in the kitchen on 6/4/12 at 9:20 AM, the DM stated, "We need to clean some walls."

4. Observations on 6/5/12 beginning at 3:30 PM, revealed the following:
   a. A table cloth on the floor by the hand sink in the dishwasher room and a dirty wet dish cloth hanging over the old faucet.
   b. The bottom shelf of the table by the steam table, where the sugar and cereal was kept, had yellowish, sticky material on it.

During an interview in the kitchen on 6/6/12 at 3:40 PM, the DM stated, "It's from pouring orange juice and got down there and didn't clean it up."

Observations on 6/5/12 beginning at 3:40 PM, revealed the following:
   a. A white tub where sugar was kept with brown colored material, when wiped with finger, the

(and notify DSM if any issues noted),
Proper garbage disposal, hand washing, clean/dirty cross contamination, and ensuring drains are covered and no towel/table cloths are put in dirty linen barrels.

4. DSM/designee will complete sanitation checks (to include garbage disposal) in dietary department 3x's weekly. Any issues noted will be addressed at time of discovery and reported to the QA&A committee for follow-up.
5. Review of the facility's "Garbage and Rubbish Disposal" policy documented: "...Policy Statement... It is the policy of this facility that garbage and rubbish be disposed of in accordance with current state laws regarding such matters... Procedure... 1. All garbage and rubbish containing food waste shall be kept in containers... 2. All containers shall be provided with tight-fitting lids, and such containers must be kept covered when stored or in continuous use... 5. Garbage and rubbish containing food waste shall be stored so as to be inaccessible to vermin..."

Observations on 6/6/12 beginning at 12:15 PM, revealed the following:

a. Trash in a cardboard box by the trash can.  
b. The door to the outside remained dirty with brown and black material on the door and no cover on the drain next to the ice machine in which a pipe was running water into.

1. Cardboard box was removed from the kitchen. Garbage is now being disposed of in the proper container.

2. Sanitation check was completed by DSM to detect any other concerns with garbage disposal. Dietary staff was re-educated on proper garbage disposal.

3. Dietary staff was re-educated on cleaning schedule, PPM checks for dish machine, proper garbage disposal, hand washing, clean dirty cross contamination, and ensuring drains are covered and no towel/table cloths are placed in dirty linen barrels.

4. DSM/desigenee will complete Sanitation checks (to include garbage disposal) in dietary dept 3x's weekly. Any issues noted will be addressed at time of discovery and reported to The QA&A committee for follow-up.

N 843 - Request to extend POC completion date due to state systems unable to complete work on call light system until 7/16/12.
N 843  Continued From page 4

    current, and transformers when located within the building;

    (c) An electrical system that complies with applicable codes;

    (d) Color coding to show all items on emergency power;

    (e) Circuit breakers that are properly labeled; and

    (f) 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.

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

    Tennessee Code Annotated 68-11-804(c):9;
    In general patient areas, each room shall be served by at least one (1) nurses' calling station and each bed shall be provided with a call button. Two (2) call buttons serving adjacent beds may be served by one (1) call station. Calls shall register in the nurses' station and shall activate a visible signal in the corridor. A nurses' call emergency button shall be provided for patient's use at each patient toilet, bath and shower room. Nursing personnel shall answer calls in a timely manner.

    Based on observation and interview, it was determined the facility failed to ensure the resident call system was functional for 1 of 13 (bathroom connecting room 130 and 131) resident bathrooms and 2 of 40 (Resident #46
N 843 Continued From page 5

and 62) sampled residents reviewed in Stage 1.

The findings included:

1. Observations in the bathroom connecting room 130 and 131 on 6/5/12 at 9:16 AM, revealed no call system.

2. Observations in Resident #46 and Resident #62’s room (129) on 6/5/12 at 10:30 AM, revealed Resident #46 and Resident #62’s call lights were not functioning.

3. During an interview in the Administrators office on 6/6/12 at 12:00 PM, the Administrator and the Maintenance Director confirmed the absence of a call system in the bathroom between rooms 130 and 131 and the non functioning system in room 129.

1. Bells were placed in the resident Rooms where call lights weren’t functioning. Facility is installing a new Call system for the entire C Wing of the Facility.  

2. Maintenance Director Completed a check of the call system to identify any further concerns. None were found. New call light system has been ordered and when parts arrive Installation will be immediately conducted.

3. A new call system has been ordered (awaiting install). Bells were placed in Rooms where call system non-functioning Maintenance Director will complete Weekly environmental round to verify call light functioning /bells in place. Maintenance Director will re-educate staff regarding work order process and what types of issues should be logged on the work order sheets vs. what issues should be called to Maintenance Directors Attention immediately.

4. Maintenance Director/ Designee will round weekly to verify call lights function and bell placement. Any issues noted will be addressed at time of discovery and reported to QA&F committee for follow-up.

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Division of Health Care Facilities
STATE FORM

Division sheet 6 of 6

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