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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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| N 705 | 1200-8-6-.06(4)(cc) Basic Services | Nursing Services. | N 705 – NHC Scott will ensure that a registered nurse may make the actual determination and pronunciation of death under the following circumstances:  
1. The deceased was a resident of a nursing home;  
2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death;  
3. The nurse is licensed by the state; and,  
4. The nurse is employed by the nursing home in which the deceased resided.  
This Rule is not met as evidenced by: Based on policy review, medical record review and interview, it was determined the facility failed to ensure all determination and pronouncements of death of residents in the facility were made by a physician or by a registered nurse when the physician has agreed in advance to sign the death certificate for 1 of 2 (Resident #15) closed records in the survey sample.  
The findings included:  
Review of the facility's "PATIENT CARE POLICIES 4.2 DEATH" documented, "1. It is the responsibility of the physician to pronounce the death of the patient... The pronunciation of | (Each deficiency must be preceded by full regulatory or LSC identifying information) | (Each corrective action should be cross-referenced to the appropriate deficiency) |

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<td>N 705</td>
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DON is responsible for compliance.
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<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)</th>
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Death must be made before the body can be removed from the center. Telephone pronouncements and pronouncements by a Registered Nurse [RN] employed by the center will be accepted where allowed by state law following appropriate procedures. Death Pronouncements Made Over Telephone. (Only in states that have specifically addressed telephone pronouncement and only when the pronouncing physician agrees to sign the death certificate, ...)

Review of the facility's "PATIENT CARE POLICIES 4.0 NURSING POLICIES" documented, "A ... A registered professional nurse will be on duty 24 hours per day,..."

Closed medical record review for Resident #15 revealed the resident was admitted to the facility on 4/3/10 with Merkel Cell Tumor of Breast, History of Colon Cancer and History of Breast Cancer. Nurse’s notes dated 6/10/10 at 12:45 AM documented the resident was found with no pulse and no respiration, the physician was notified and an order was obtained to pronounce. This nurse’s note was signed by a Licensed Practical Nurse (LPN). There was no documentation in the medical record the attending physician had agreed in writing to sign the death certificate.

During an interview in the facility’s private dining room on 7/14/10 at 12:30 PM, the Director of Nursing (DON) was asked to explain the protocol for pronouncement of death. The DON stated, "The nurse would notify the MD [Medical Doctor] and then usually call the nurse on-call or me." The DON was asked would the RN come in. The DON stated, "Not always." The DON was asked would the MD come to assess the resident. The DON stated, "Not always." The DON stated, "The LPN would notify the MD and he would give an
N 705 Continued From page 2

order to pronounce death." The DON was asked how the MD would give the order. The DON stated, "By telephone."

During a telephone interview in the facility dining room, on 7/14/10 at 2:30 PM, Nurse #5 stated, "I don't recall an RN being here when [name of Resident #15] died. I assessed her and called the doctor and he gave me an order to pronounce and I pronounced her after he gave the order." Nurse #5 was asked if this was out of the ordinary for the MD not to come to pronounce and no RN in the facility. Nurse #5 stated, "No."

When asked for documentation, the facility failed to provide evidence that Tennessee state law allows telephone pronouncement of death.

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

(9) Food and Dietary 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
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2260 BUFFALO ROAD
LAWRENCEBURG, TN 38464

N 767 - NHC Scott will ensure that 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.

The Dietary Manager (DM) educated all dietary partners on day of observation and then in-serviced all dietary staff to educate on responsibility to store, prepare, distribute, and serve food under sanitary conditions, particularly as it relates to hair restraints.

DM will observe routinely to ensure that Dietary partners are following policy and FDA Food Code and that they "shall wear hair restraints such as hats; hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils..." DM will counsel any partner found to be out of compliance. All new partners will be educated on Personal Hygiene Policy upon hire.

Dietary Manager will report at the September Quality Assurance Committee meeting and until substantial compliance is met.

Continued From page 3

served and/or transported through hallways.

This Rule is not met as evidenced by:

Based on policy review, observation, and interview, it was determined the facility failed to ensure that food was prepared under sanitary conditions as evidenced by staff not wearing hair restraints to effectively keep their hair from potential contaminating food sources.

The findings included:

Review of the facility's "PERSONAL HYGIENE" policy documented, "...3. Hair Restraints: (a.) Dietary partners shall wear hair restraints such as hats, hair coverings, or nets... and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils..."

Observations in the kitchen on 7/12/10 at 10:05 AM, on 7/13/10 at 7:50 AM, and on 7/14/10 at 8:15 AM, revealed 2 dietary staff members wearing caps and the dietary manager (DM) wearing a baseball type hat. Their hair was not covered.

During an interview in the private dining room on 7/14/10 at 8:50 AM, the DM was asked if the hat and caps worn by the dietary staff provided a restraint covering for their hair. The DM stated, "...No, hair could still get into something. We'll correct that today."