**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tr>
<td>N 645</td>
<td>1200-8-6-.06(3)(k) Basic Services (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 68-11-804(c)19: The nursing home shall be clean and sanitary and in good repair at all times. Based on policy review, medical record review, observation and interview, it was determined the facility failed to ensure patient equipment was clean and the environment was free from odors on 2 of 5 (100 and 400 hallways) hallways. The findings included: 1. Review of the facility's &quot;Routine Cleaning of Equipment&quot; policy documented, &quot;...Wheelchairs, geri-chairs, walkers, scooters, merry-walkers, canes, and other mobility aids should be cleaned weekly by the night shift... In addition to a routine cleaning schedule, everything should be cleaned on an as needed basis...&quot; a. Observations in the 100 hallway on 11/13/12 at 10:54 AM and on 11/16/12 at 10:38 AM, a stand-up lift outside room 103 had a dried, brown substance on the foot rest.</td>
<td>N 645 1200-8-6-.06(3)(k) Basic Services Type C Pending Penalty #19 Requirement: The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 1. Stand up lift located on 100 hall was cleaned on 11/16/12. 2. Resident #115's power chair was cleaned on 11/16/12. 3. Patient rooms 401 and 410 were cleaned 11/16/12 with terminal cleaning and removal of personal odorous furnishings occurring on 11/19/12. 4. Odor focus rounds completed throughout the building 11/16/12. 5. CNA's received in-service education on 11/16/12 thru 11/26/12 regarding cleaning of patient equipment and maintaining an odor free environment. 6. The DON, ADON and nurse management will monitor for compliance during daily observation rounds and report findings to the QA&amp;A Committee quarterly. COMPLETION DATE: 11/26/12</td>
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During an interview outside room 103 (100 hallway) on 11/16/12 at 10:39 AM, certified nursing assistant (CNA) #11 was asked what was the substance on the foot rest of the stand-up lift. CNA #11 stated, "Dirt."

During an interview in the entrance hallway on 11/16/12 at 10:45 AM, the Administrator was asked who is responsible for cleaning resident equipment and how often it is cleaned. The Administrator stated, "The equipment is placed on a cleaning schedule and the CNAs are responsible for cleaning wheelchairs weekly on nights."

b. Medical record review of Resident #115's annual Minimum Data Set dated 9/17/12 under Section "C" for cognitive patterns documented Resident #115's cognitive status as "14", indicating the resident is cognitively aware and has the ability to make decisions.

Observations in room 103 (100 hallway) on 11/14/12 at 8:40 AM, revealed the power chair had crusted dirt on each pedal. The resident did not have shoes with his bare feet resting on the pedals of the power chair.

During an interview in room 103 on 11/16/12 at 11:00 AM, Resident #115 was asked who cleans his power chair. Resident #115 stated, "...well they [staff] just out of the blue came in here the other day and cleaned it...they haven't in a long time...I can't tell you the last time it was cleaned..."

2. Observations in the 400 hallway revealed the following:
   a. In the hallway outside room 401 and the medical records office on 11/13/12 at 9:45 AM...
N 645 Continued From page 2
and 1:30 PM, revealed a strong urine odor.
b. In the hallway outside room 410 on 11/13/12 at
4:45 PM, revealed a strong odor of feces.

N 729 1200-8-6-.06(6)(b) Basic Services

(6) Pharmaceutical Services.

(b) Poisons or external medications shall not be
stored in the same compartment and shall be
labeled as such.

This Rule is not met as evidenced by:
Type C Pending Penalty #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. Such cabinets or drug
rooms shall be kept securely locked when not in
use, and the key must be in the possession of the
supervising nurse or other authorized persons
then on duty. Poisons or external medications
shall not be stored in the same compartment and
shall be labeled as such.

Based on policy review, observation and
interview, it was determined the facility failed to
ensure that medications were stored in locked
compartments when unattended in 1 of 9 (200
hall medication cart) medication storage areas.

The findings included:

Review of the facility's "Medication Storage"

N729
1200-8-6-.06(6)(h) Basic Services
Type C Pending Penalty #7

Requirement
The facility will ensure that drugs and
biologicals are stored in locked compartments when unattended.

1. Nurse 4 was provided in-service
education # on 11/14/12 regarding
medication storage in locked compartments when unattended.

2. All medication carts, treatment cart and
medication rooms were reviewed for drugs and
biologicals stored in locked compartments when unattended on
11/20/12.

3. Licensed nurses were provided in-service
education on 11/14/12 thru 11/26/12
regarding drugs and biologicals stored in
locked compartments when unattended.

4. The DON, ADON and nurse
management will monitor for compliance
during random medical record reviews and
report findings to the QA&A committee
quarterly.

COMPLETION DATE: 11/26/12
N 729 Continued From page 3

Policy documented, "...Medications must be properly stored in medication rooms or medication carts and must be securely locked when not in use..."

Observations on the 200 hall on 11/14/12 at 9:45 AM, revealed the 200 hall medication cart was left unlocked, unattended and out of Nurse #4's view.

During an interview outside of room 211 on 11/14/12 at 9:52 AM, Nurse #4 was asked if the medication cart was locked. Nurse #4 stated, "Oops" as she reached out and locked the cart. Nurse #4 was asked when should your cart be locked. Nurse #4 stated, "Anytime you are not standing in front of it."

N1216 1200-8-6-.12(1)(p) Resident Rights

(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident’s file of the following rights:

(p) To have their records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident’s health care decision maker. The nursing home must have policies to govern access and duplication of the resident’s record;

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<th>1200-8-6-.12(1)(p) Resident Rights</th>
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<td>C Pending Penalty #5</td>
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<td>Requirement</td>
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<td>The facility will protect the privacy and confidentiality of medical records.</td>
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<td>1. Nurse #7 was provided in-service education on 11/15/12 regarding maintaining confidentiality of medical record during medication pass.</td>
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<td>2. Licensed nursing personnel received in-service education on 11/16/12 thru 11/26/12 regarding the facility Confidentiality Policy with emphasis on confidentiality of Medication Administration Record.</td>
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This Rule is not met as evidenced by:
Type C Pending Penalty #5

Tennessee Code Annotated 68-11-804(c)(5):
Each patient has a right to have the patient's personal records kept confidential and private.
The nursing home must have policies to govern access and duplication of the patient's records.
Except for those persons authorized by law to inspect the records, written consent by the patient must be obtained before any information can be released. If the patient is mentally incompetent, written consent is required by the patient's legal representative.

Based on policy review, observation and interview, it was determined the facility failed to protect the privacy and confidentiality of medical records for 1 of 45 (Residents #57) sampled residents included in the stage 2 review.

The findings included:

Review of the facility's "CONFIDENTIALITY" policy documented, "...keeps confidential all information contained in the patient records..."

Observation on the 500 hall on 11/13/12 at 4:21 PM, revealed the Medication Administration Record (MAR) for Resident #57 was left open to public view when Nurse #7 left the medication cart to administer medications to Resident #57.

During an interview in the medical records office on 11/15/12 at 4:14 PM, Nurse #3 stated, "...I would expect the medication administration record to be covered or closed..."