1200-8-5-.06(3)(b)8. Basic Services

(3) Infection Control.

8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.

This Rule is not met as evidenced by:
Type C Pending Penalty #31

Tennessee Code Annotated 68-11-804(c)31:
All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.

This Rule is not met as evidenced by:

Based on policy review, medical record review, observation, and interview, it was determined the facility failed to clean/disinfect equipment used during dressing change observations by 1 of 2 (Treatment Nurse #2) treatment nurses

The findings included:

1. Review of the facility's "Cleaning, Disinfection, Sterilization Page: 2 of 5" documented, "...Semi-critical: Items that come in contact with..."
| N 629 | Continued From page 1:  
|       | mucous membranes or non-intact skin...  
|       | Cleaning/disinfecting of semi-critical items:  
|       | High-level disinfection with chemical disinfectant,  
|       | rinse with sterile water... Frequency: After each  
|       | use..."
|       | 2. Medical record review for Resident #19  
|       | documented an admission date of 6/14/10 with  
|       | diagnoses of Cerebrovascular Accident with  
|       | Hemiplegia, Venous Stasis Ulcer Left (L) Inner  
|       | Ankle with Methicillin Resistant Staphylococcus  
|       | Aureus (MRSA) infection. Review of a  
|       | Physician's telephone order dated 8/19/10  
|       | documented, "Contact isolation precautions  
|       | wound MRSA." Orders dated 6/25/10  
|       | documented, "... N.O. [new order] clean stasis  
|       | ulcer c [with] Saf-Clenz, Apply Aquacel AG to  
|       | wound. Apply 4x [by] 4's, wrap c Kerlix daily &  
|       | [and] prn [as needed]." Review of a laboratory  
|       | (lab) report dated verified 6/17/10 documented,  
|       | "...Culture wound... site L lower leg... Final  
|       | Report... Organism #2: Methicillin Resistant  
|       | Staph Aureus..."
|       | Observations in Room 33 on 6/29/10 at 8:30 AM,  
|       | revealed Treatment Nurse #2 removed a pair of  
|       | scissors from her pocket, cut the drainage soiled  
|       | dressing off of Resident #19's L ankle, MRSA  
|       | infected Stasis Ulcer Wound, placed the  
|       | contaminated scissors on the barrier containing  
|       | the clean dressing supplies, then used the  
|       | contaminated scissors to cut the Aquacel AG  
|       | dressing to the correct size and placed the  
|       | Aquacel AG dressing on the wound. The  
|       | contaminated scissors were then placed back on  
|       | the barrier containing clean dressing supplies,  
|       | and the remaining contaminated Aquacel AG  
|       | dressing was placed in the bag containing clean  
|       | dressing supplies. Treatment Nurse #2 then  
|       | placed the contaminated scissors back into her

Resident #19 with chronic stasis ulcer with no change and no adverse reactions.

During staff meeting on or before July 30, 2010,  
infusion control manager will review policy and  
procedure for cleaning, disinfection, and  
sterilization of equipment. All licensed nurses  
must complete the infection control module of  
media lab requirement by 7/30/10, with a passing  
grade of at least 80%. Infusion control will be  
discussed at least quarterly by nursing educator  
ongoing.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N629</td>
<td>Continued From page 2 pocket without cleaning the scissors.</td>
<td>For Resident #5, the MD was notified on 3/10/10 No further intervention required.</td>
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<tr>
<td>N669</td>
<td>1200-8-6-06(4)(c)4. Basic Services (4) Nursing Services. (c) The Director of Nursing shall have the following responsibilities: 4. Notify the resident 's physician when medically indicated.</td>
<td>All residents with a significant change including new complaints of pain after an incident with injury, or potential for injury, which may require physician intervention will be transported for appropriate treatment after notification of physician, legal representative, or interested family member. Any event of this nature, the incident report will be generated by the charge nurse and discussed in daily morning meeting with DON, ADON, Unit Manager, Unit Coordinator, Social Services, Dietary Manager and Administrator, with appropriate interventions initiated. The DON &amp; ADON will review the incident reports for proper notification of MD, family, or legal representative, and appropriate follow through. A PI study will be implemented and carried out for 90 days to reveal statistics for completion of incident reports to include notification of MD, family, and/or legal representative beginning July 30, 2010. Information gained will be discussed at monthly PI meeting.</td>
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<td>06/30/10</td>
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<td>This Rule is not met as evidenced by: Type C Pending Penalty #4</td>
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<td>See Addendum A</td>
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<td>Tennessee Code Annotated 68-11-804(c)4: Nursing homes shall notify the patient 's physician of the condition of a patient, when it is medically indicated.</td>
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<td>This Rule is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure that staff notified the physician timely of a voiced complaint of pain and evidence of swelling of the right ankle for 1 of 31 (Resident #5) sampled residents. The findings included: Medical record review for Resident #5 documented an admission date of 12/15/09 with</td>
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Division of Health Care Facilities
STATE FORM 4880
K7JF11
If continuation sheet 3 of 6
<table>
<thead>
<tr>
<th>ID</th>
<th>Summary Statement of Deficiencies</th>
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<tr>
<td>N 669</td>
<td>Continued From page 3 diagnoses of Congestive Heart Failure, Gastric Esophageal Reflux Disease, Peripheral Vascular Disease, Chronic Obstructive Pulmonary Disease, Chronic Renal Failure, Insulin Dependent Diabetes Mellitus, and Atrial Fibrillation. Review of a Nurse's Note dated 3/5/10 documented, &quot;tells of soreness to rt [right] outer ankle after she admits to hitting the ankle on table at Dr.'s [Doctor's] office yesterday while stepping up on step to table...&quot; Review of Nurse's Note dated 3/6/10 documented, &quot;resident c/o [complains of] R [right] ankle pain. Appears to be swollen, bruised around ankle bone area. Ice pack applied for comfort.&quot; Nurse's Note dated 3/7/10 documented, &quot;Resident @ [at] ankle continues to be swollen. Resident walks with limp. Continues to have ice pack on it.&quot; A Nurse's Note dated 3/10/10 documented, &quot;Resident continues to c/o R ankle discomfort call to [medical doctor's name] to request x-ray.&quot; Nurse's Note dated 3/15/10 documented, &quot;Resident to see [orthopedic physician's name] today for nondisplaced fx [fracture] of rt lateral malleolus, &amp; [and] osteoporosis...&quot; There was no documentation in the medical record from 3/5/10 through 3/9/10 that the physician had been notified of the resident's physical status change. During an interview in the skilled hall nurses station on 6/30/10 at 7:25 AM, the Director of Nursing (DON) stated, &quot;I don't see anything [documentation of earlier physician notification] else.&quot;</td>
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| N 728 | 1200-8-6-.06(6)(b) Basic Services |

| (5) Pharmaceutical Services. |

| (b) Such cabinets or drug rooms shall be kept securely locked when not in use, and the key |

| N 728 | |

| No resident was affected. |

| Staff will be instructed and policy reviewed regarding the storage of drugs and biologicals in the facility. Licensed personnel will sign an acknowledgement form regarding medication storage on or before 7/30/10. | 7/30/10 |
### SUMMARY STATEMENT OF DEFICIENCIES

**N 728** Continued From page 4

- must be in the possession of the supervising nurse or other authorized persons.

This Rule is not met as evidenced by:
- Type C Pending Penalty #7

Tennessee Code Annotated 68-11-804(c)7:
- 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.

This Rule is not met as evidenced by:
- Based on policy review, medical record review, and observation, it was determined the facility failed to ensure 1 of 7 (Nurse #3) medication nurses kept medications in locked compartments.

The findings included:
- Review of the facility's "Storage of Medications" policy documented "...Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications."

- Review of another untitled facility policy documented "...PURPOSE: To ensure security of medications...storage of pharmaceuticals outside of the pharmacy will be restricted and under lock control..."

- Medical record review for Random Resident (RR) #1 documented an admission date of 2/6/10 with diagnoses of Hypertension, Congestive Heart

**N 728**

The contract pharmacist will do weekly checks for 90 days for compliance of medication storage. Results will be reported in monthly PI meeting starting July 30, 2010, for 90 days.

See Addendum D
<table>
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<tr>
<th>ID</th>
<th>PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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<td>N 728</td>
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<td>Continued From page 5</td>
<td>N 728</td>
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<td>Failure, Gastroesophageal Reflux Disease, Irritable Bowel Syndrome, Renal Insufficiency, Anxiety/Depression, Osteoporosis, Osteoarthritis, Idiopathic Thrombocytopenia, and Mild Hypoglycemia. Review of the physician's recertification orders for June 2010, signed but not dated, documented &quot;...ONE DAILY MULTIVIT [multivitamin] TAKE 1 TABLET BY MOUTH DAILY...&quot; Observations outside RR #1's room on 6/29/10 at 8:07 AM, revealed Nurse #3 left the bottle of Multivitamins on top of the medication cart unsecured while she administered RR #1's medications. The Multivitamin medication was not in the nurse's view.</td>
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