<table>
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<tr>
<th>F 164</th>
<th>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</th>
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The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method, except when release is required by transfer to another healthcare institution; or, third party payment contract; or the resident.

This REQUIREMENT is not met as evidenced by:

Based on policy review, observation, and interview, it was determined the facility failed to maintain privacy and confidentiality of resident's medical records when 2 of 5 (Nurse #1 and 4) medication nurses failed to close the Medication Administration Record (MAR) during the

The Palace acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent that the Summary of Findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of correction is submitted as a written allegation of compliance. The Palace response to this statement of deficiencies and POC does not denote agreement with the statement of deficiencies nor does it constitute an admission that any deficiency is accurate.

F164 Privacy
It is the policy of The Palace Care and Rehab to comply with regulatory requirement Privacy.

1. Resident's in Rooms 602 and 612 were made aware of privacy and confidentiality requirements and the surveys alleged observation of Nurse #1 and 4 copies MAR. The Medication Nurse and the wound care nurse were reminded of the resident's need for privacy at all times during wound care and the medication pass.

2. DON or designee has conducted a Random visual QA of licensed staff during medication administration related to resident's personal privacy and confidentiality of records and no other observation where noted.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions). Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
### Continued From page 1

medication administration pass.

The findings included:

1. Review of the facility's "Safeguarding Resident Health Information" policy documented, "...Conceal or place face down any documents containing PHI [Protected Health Information] when they are open to scrutiny or not in use. Make sure that paper records and medical charts are stored or filed in such a way as to avoid observation by patients and visitors, or casual access by unauthorized staff..."

2. Observations in the hall outside Room #612 on 3/14/11 at 4:55 PM, Nurse #1 left the MAR on top of the medication cart unattended and open in public view, with a resident's health information visible to anyone who passed by.

Observations in the hall outside Room #612 on 3/14/11 at 4:55 PM, Nurse #1 left the MAR on top of the medication cart unattended and open in public view, with a resident's health information visible to anyone who passed by.

3. Observations in the hall outside Room #602 on 3/15/11 at 11:05 AM, Nurse #4 left the MAR on top of the medication cart unattended and open in public view, with a resident's health information visible to anyone who passed by.

4. During an interview in the hall beside nurses’ station #1 on 3/16/11 at 10:00 AM, the Director Of Nursing (DON) confirmed, "It is not acceptable" for the MAR to be left open and unattended.

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<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>F 322</th>
<th>483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS</th>
<th>F 322</th>
<th>04-08-11</th>
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3. Staff was in serviced on resident's rights beginning 3/16/2011. Education of the licensed staff will be completed by 04/08/2011.

The facility has taken measures to conceal PHI during treatments and medication rounds by implementing a laminated cover sheet that will be provided for each medication and treatment cart so information may be concealed from public view.

The Social Services Director/designee will identify privacy concerns during random visual daily clinical rounds of the facility and correct concerns as indicated.

Interdisciplinary team (IDT) will monitor facility privacy compliance during daily clinical rounds and Guardian Angel rounds of the facility and correct concerns as indicated.

4. Results of these QA rounds will be forwarded to the facility risk management quality improvement committee for review and further recommendation.
F 322 Continued From page 2
Based on the comprehensive assessment of a resident, the facility must ensure that a resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

This REQUIREMENT is not met as evidenced by:
Based on policy review, observation, and interview, it was determined 2 of 5 (Nurses #1 and 4) medication nurses failed to administer all of a crushed medication or failed to flush the Percutaneous Endoscopy Gastrostomy (PEG) tube with 30 cubic centimeters (cc's) of water.

The findings included:

1. Review of the "Medication Administration Enteral Tubes" policy documented, "...Re-mix medication if "medication settling" has occurred..."

Medical record review for Random Resident (RR) #1 documented an admission date of 3/22/02 with diagnoses of Late Effect Intracranial Injury, Traumatic Brain Hemorrhage, Fractured Dorsal Vertebrae-Closed, Quadriplegia, Aphasia, and Hypertension. Review of the March 2011 Physician's orders documented, "...BACLOFEN 5MG [milligrams] 1 PC [by mouth] PER TUBE TID [3 times a day]..."

Observation in RR #1's room on 3/14/11 at 3:40 PM, Nurse #1 crushed Baclofen 5 mg, placed the crushed Baclofen in a medicine cup, and added
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<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F 322</td>
<td>Continued From page 3</td>
<td>F 322</td>
<td>4-The Director of Nursing will ensure compliance with policy and Procedures of medication administration enteral tubes by documenting the progress with the facility risk management quality improvement (RMQI) data collection tool monthly times three months and then quarterly.</td>
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|              | 30 cc of tap water. Nurse #1 administered the medication and flushed the PEG again with 30 cc of tap water. There was still a small amount of white liquid residue left in the medicine cup.  

During an interview in RR #1's room on 3/14/11 at 3:45 PM, when asked if all of the medication was given from the medicine cup, Nurse #1 stated, "No... I didn't notice it. I should have rinsed the cup with more water..."  

2. Review of the "Medication Administration Enteral Tubes" policy documented, "...Flush the tube with no less than 30 cc of warm tap water..."  

Observation in RR #1's room on 3/15/11 at 11:08 AM, Nurse #4 flushed the PEG tube with 20 cc of tap water before and after medication administration. Nurse #4 should have flushed the tube with 30 cc's water. |
| F 333        | 483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS | F 333        | 1. Resident number 2 was not adversely affected by the meal delivery at 40 minutes following regular insulin administration as verified by Medication administration record review noted no signs or symptoms of hypoglycemia. |
| SS=D         | The facility must ensure that residents are free of any significant medication errors.  

This REQUIREMENT is not met as evidenced by:  
Based on medical record review, observation, and interview, it was determined the facility failed to ensure 1 of 2 Random Residents (RR #2) observed receiving insulin was free of a significant medication error by not receiving a meal tray within 30 minutes of receiving the insulin.  

The findings included: |

04-08-11
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<tr>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>F 333</td>
<td>DON or designee will conduct QA observation randomly 3x weekly x 4 weeks then monthly x 2 of medication pass specific to insulin administration and meal service delivery to ensure facility complies with Pharmacy standards of practice and facility policy related to insulin.</td>
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<tr>
<td>F 371</td>
<td>483.35 (1) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY It is the policy of The Palace Care and Rehab to comply with the regulatory requirement food procure/store and service sanitary.</td>
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Medical record review for RR #2 documented an admission date of 2/3/11 with diagnoses of Diabetes Mellitus, Hypothyroidism, Cardiomegaly, Chronic Ischemic Heart Disease, and Hypertension. Review of the March 2011 physician's orders documented, "...ACCU CHECKS QID [four times a day], W [with]/REGULAR INSULIN & [and] SLIDING SCALE ...151- [to] 250= [amount of insulin to be given] 2UN [units] ..." 

Observations in RR #2's room on 3/14/11 at 4:50 PM, Nurse #1 performed an accucheck on RR #2 with a blood sugar result of 151. Nurse #1 administered 2 units of Humulin R insulin to RR #2. RR #2 was not served a meal tray until 5:28 PM at which time RR #2 took the first bite of food. The failure to ensure RR #2 received a meal tray within 30 minutes of receiving insulin resulted in a significant medication error.

During an interview in the personnel office on 3/16/11 at 12:00 PM, the Director of Nursing (DON) was asked what her expectations were for feeding diabetic residents after insulin administration. The DON stated, "[Fed] ...within 30 minutes [of insulin administration]..."
This REQUIREMENT is not met as evidenced by:

Based on policy review, observation and interview, it was determined that the facility failed to ensure that hot food was maintained at 140 degrees Fahrenheit (F) for 1 of 14 (Chicken Noodle Soup) hot foods on the tray line.

The findings included:

1. Review of the facility's nutrition service manual policy for food production documented, "...10. Serve hct foods above 140 degrees F..."

2. Observations in the kitchen on 3/15/11 at 11:00 AM, the tray line temperature of the chicken soup was 110 degrees F.

3. During an interview in the kitchen on 3/15/11 at 11:00 AM, the Dietary Manager confirmed that the chicken noodle soup was not maintained at 140 degrees F.

The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the
F 431 Continued From page 6
appropriate accessory and cautionary instructions, and the expiration date when applicable.

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on policy review, observations, and interview, it was determined the facility failed to ensure medications were properly and safely stored in 1 of 9 (600 hall medication cart) medication storage areas, when the 600 hall medication cart was left unlocked and contained medication past the expiration date.

The findings included:

1. Review of the facility’s medication storage policy documented, "...Medication rooms, carts and medication supplies are locked or attended by persons with authorized access..."
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

**THE PALACE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

**RED BOILING SPRINGS, TN 37150**

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<thead>
<tr>
<th>(X4) ID</th>
<th>(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:</th>
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<td>F 431</td>
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**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**ID | (X5) COMPLETION DATE**

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<th>ID</th>
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Observations in the 600 hall outside room #512 on 3/14/11 at 4:55 PM and 4:55 PM, Nurse #1 left the medication cart unattended, unlocked and out of view.

Observations in the 600 hall outside room #502 on 3/15/11 at 11:05 AM, Nurse #4 left the medication cart unattended, unlocked and out of view.

During an interview in the hall beside nurses’ station #1 on 3/16/11 at 10:00 AM, the Director of Nursing (DON) stated, "...it is not acceptable..." for the medication cart to be unattended and unlocked.

2. Review of the facility's medication storage policy documented, "...Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if a current order exists..."

Observations of the 600 hall medication cart on 3/16/11 at 9:52 AM, revealed Diazepam 5 milligram tablets broken in half to a total of 25 tablets that were stored past the expiration date of 11/18/10.

During an interview in the 600 hall on 3/16/11 at 9:55 AM, Nurse #6 stated, "...each nurse is supposed to check the date [on the medication] before giving..."

During an interview at nurses’ station #1 on 3/16/11 at 10:05 AM, the DON stated, "...it [checking dates] is the responsibility of the Unit..."
**FL 431** Continued From page 8
Manager, but the Pharmacist has primary responsibility...

**FL 441** 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it-
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.
This REQUIREMENT is not met as evidenced by:

Based on policy review, observation, and interview, it was determined the facility failed to ensure practices to prevent the potential spread of infection were maintained when 6 of 12 Certified Nursing Assistants (CNAs #1, 2, 3, 4, 5 and 6) failed to practice sanitary hand hygiene, touched the food with their bare hands or did not wash their hands between resident contact and meal tray preparation during dining observations.

The findings included:

1. Review of the facility's "Handwashing" policy documented, "...Handwashing is the single most important procedure for preventing nosocomial infections. The facility requires personnel to wash hands thoroughly to remove dirt, organic material, and transient microorganisms. Handwashing is mandated between resident/patient contact in an effort to prevent the spread of infection. Hands must be washed after the following, including, but not limited to... Contact with resident/patient..."

2. Observations in the dining room on 3/15/11 at 11:26 AM, CNA #1 brought a bowl from the kitchen area, dropped a plastic lid on the floor, picked the lid up off the floor, and placed the lid in a trash container. CNA #1 then took the bowl to a resident, and opened it for the resident. CNA #1 assisted the resident to move up closer to the table in her wheelchair, and left the dining room. CNA #1 was not observed to wash her hands or use sanitizing hand gel.
### Statement of Deficiencies and Plan of Correction

#### (1) Provider/Supplier/Clinic Identification Number:

446329

#### (2) Multiple Construction

A. Building
B. Wing

#### (3) Date Survey Completed:

03/16/2011

#### Name of Provider or Supplier:

The Palace

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

309 Main St
Red Boiling Springs, TN 37150

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3. Observations in room 609 on 3/14/11 at 5:20 PM, CNA #2 did not wash hands prior to obtaining a meal tray from the cart. While setting up the residents' tray CNA #2 picked up the hamburger bun and placed mayonnaise on it. CNA #2 was not observed to wash her hands or use sanitizing hand gel.

4. Observations in room 607 on 3/14/11 at 5:15 PM, CNA #3 touch the resident and then picked up the top of the hamburger bun with her bare hands. CNA #3 was not observed to wash her hands or use sanitizing hand gel after direct resident contact.

Observations in room 621 on 3/15/11 at 12:15 PM, CNA #3 was sitting on the end of the A-bed. CNA #3 touched the resident's bed linens and overbed table, then went to the resident in the B bed, and began to feed the resident in B bed without washing her hands.

5. Observations in the 600 hall and room #619 on 3/14/11 at 5:25 PM, CNA #4 took a meal tray into room #619, rolled the head of the bed up, touched and positioned the resident, then applied the pickles, onion, and bun to the hamburger with bare hands. CNA #4 was not observed washing her hands at anytime during this procedure.

6. Observations in the dining room on 3/14/11 at 5:10 PM, CNA #5 touched the hamburger bun with her bare hand while preparing the meal tray.

Observations in the dining room on 3/14/11 at 5:14 PM, CNA #5 sat a meal tray on a table, then went into the lobby. CNA #5 ran her hands through her hair several times, pulling it back on her head, and then put her hair into a pony tail.
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CNA #5 brought a resident into the dining room, got a clothing protector and placed it on the resident. CNA #5 pulled the back of her pants up with both hands, then sat down and started opening the containers on the resident's tray. CNA #5 then picked up a piece of sliced bread with her bare hands and tore the bread into small pieces, mixed the bread into the resident's mashed potatoes, and fed the mashed potatoes and bread mixture to the resident. CNA #5 was not observed to wash her hands or use sanitizing hand gel while serving and feeding the resident his dinner meal.

7. Observations in the dining room on 3/15/11 at 11:18 AM, CNA #6 took a resident out of the dining room, and brought another resident into the dining room. CNA #6 pulled up the back of her pants with her right hand, and then began to open all of the containers on the resident's tray and began to feed the resident. CNA #6 was not observed to wash her hands or use sanitizing hand gel.

8. During an interview in the Administrator's office on 3/15/11 at 11:30 PM, the Director of Nurses (DON) was asked what was the expectation of staff and touching the resident's food during meal tray set up. The DON stated, "...no, not acceptable to touch the food with bare hands..."