### Statement of Deficiencies and Plan of Correction

#### (X1) Provider/Supplier/CLIA Identification Number:

**TN6001**

#### (X2) Multiple Construction

- **Building:**
- **Wing:**

**NOV 22 2015**

**10/24/2013**

#### NAME OF PROVIDER OR SUPPLIER:

**Life Care Center of Columbia**

#### STREET ADDRESS, CITY, STATE, ZIP CODE:

**841 W. James Campbell Blvd.**

**Columbia, TN 38401**

#### (X4) ID PREFIX TAG:

<table>
<thead>
<tr>
<th>N 003</th>
<th>1200-8-6 Special Circumstances</th>
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This Rule is not met as evidenced by:

1200-13-1-.08 (1)(c,d,h)

Each Long Term Care Facility participating in the medical assistance program must develop and consistently implement policies and procedures regarding its admissions, including the development and maintenance of a single wait list of persons requesting admission to those facilities. This list must at a minimum contain the following information pertaining to each request for admission: ... (c) The address of the applicant and the contact person or designated representative (if any), (d) The telephone number of the applicant and the contact person or designated representative (if any), (h) Reason(s) for refusal/non-acceptance/other-action-taken pertaining to the request for admission...

This Rule is not met as evidenced by:

Based on review of the Office of Civil Rights Compliance (OCR) / Linton on-site survey form, review of the facility wait list and interview, it was determined the facility failed to maintain a waiting list that included all persons requesting admission to the facility, the address of the applicant and contact person, telephone number of the applicant, and reason for refusal/non-acceptance/other action taken pertaining to the request for admission.

The findings included:

- Review of the OCR/Linton on-site survey form, completed during the annual survey conducted 10/21/13 through 10/24/13 documented the number of applications denied admission within the past year as "17", and documented the

#### (X5) Complete Date:

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N 003
A. What corrective action(s) will be accomplished for those residents found to have been affected:

The Director of Admissions updated the waiting list with all appropriate information and has listed all referrals on the waiting list in chronological order on 11/13/13.

B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

The waiting list currently includes all appropriate information and lists all referrals in chronological order.

C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?

On 11/13/13 the Executive Director educated the Director of Admissions and the Director of Business Development regarding making sure all appropriate information is added to the wait list and it is in chronological order.

D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.
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#### EXECUTIVE DIRECTOR SIGNATURE:

**Melissa White**

**11/21/13**

**STATE FORM**

**1099**

**X92Q11**

**If continuation sheet 1 of 13**
N 003 Continued

Review of the facility wait list updated on 8/1/13 documented a total of 19 applicants. Fourteen (14) of the 19 did not have documentation of the applicants address, 18 of the 19 did not have the telephone number of the applicant documented, and there was no documentation of reasons for refusal to admit documented on the wait list. The wait list did not include all requests for admission to the facility.

During an interview in the private dining room on 10/24/13 at 6:50 AM, the Admissions Coordinator was asked about the lack of documentation of addresses, phone numbers and reason for refusal to admit and stated, “Only names on the wait list are people who have not been admitted, there are no hospital requests put on the list, only people on the list are people who are at home.” The Admissions Coordinator confirmed the lack of documentation on the wait list.

The facility failed to document all addresses of applicants, telephone numbers of applicants, failed to include all requests for admission on the wait list and failed to document reasons for refusal to admit applicants.

1200-13-1-.08(4)
Each Long Term Care Facility participating in the medical assistance program shall admit applicants in the chronological order in which the referral or request for admission was received by the facility, except as permitted in paragraph (5) of this rule.
**NAME OF PROVIDER OR SUPPLIER**
LIFE CARE CENTER OF COLUMBIA
841 W. JAMES CAMPBELL BLVD.
COLUMBIA, TN  38401

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

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
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<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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<td>TN6001</td>
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<td>A. BUILDING:</td>
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<td>B. WING</td>
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<td>(X3) DATE SURVEY COMPLETED</td>
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**N 003**
Continued From page 2

This Rule is not met as evidenced by:

Based on review of the OCRC/Linton on-site survey form, review of the facility's wait list and interview, it was determined the facility failed to maintain a waiting list that documented evidence of admissions in chronological order, or reason for deviation.

The findings included:

Review of the OCRC/Linton on-site survey form completed during the annual survey conducted 10/21/13 through 10/24/13 documented the number of applications denied admission within the past year as "17", and documented the reason as " 9-Financial, 5-Clinically complex, 3-Aggressive behaviors."

Review of the facility wait list updated on 8/1/13 documented a total of 19 applicants. The wait list did not include all requests for admission to the facility. There was no documentation to support admission of applicants in chronological order or reason for deviation.

During an interview in the private dining room on 10/24/13 at 8:50 AM, the Admissions Coordinator was asked about the lack of documentation and stated, "Only names on the wait list are people who have not been admitted, there are no hospital requests put on the list, only people on the list are people who are at home." The Admissions Coordinator confirmed the lack of documentation on the wait list.

1200-13-1-08 (5)
Documentation justifying deviation from the order
### Summary Statement of Deficiencies

<table>
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<th>ID Tag</th>
<th>Description</th>
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| N 003  | Continued From page 3

- of the wait list must be maintained for inspection by the Department. Inspection shall include the right to review and/or make copies these records.
- Deviation may be based upon:(a) Medical need, including, but not necessarily limited to, the expedited admission of patients being discharged from hospitals and patients who previously resided in a Long Term Care Facility at a different level of care, but who, in both cases, continue to require institutional medical services;(b) The applicant's sex, if the available bed is in a room or a part of the facility that exclusively serves residents of the opposite sex; (ac) Necessity to implement the provisions of a plan of affirmative action to admit racial minorities, if the plan has previously been approved by the Department;(d) Emergency placements requested by the Department when evacuating another health care facility or by the Adult Protective Service of The Tennessee Department of Human Services; (e) Other reasons or policies... previous participation in a community based waiver or other alternative care program, when approved by the Medical Director of the Department's Bureau of Manpower and Facilities; provided, however, that no such approval shall be granted if to do so would in any way impair the Department's or the facility's ability to comply with its obligations under federal and state civil rights laws, regulations or conditions of licensure or participation; (f) If a Medicaid-eligible recipient's hospitalization or therapeutic leave exceeds the period paid for under the Tennessee Medicaid program for the holding of a bed in the facility for the resident and if the resident continues to require the services provided by the Long Term Care Facility, then the resident must be readmitted to the facility immediately upon the first availability of a bed in the facility, consistent with paragraph (5) (b); (g) Where, with the participation and approval of the Department,
<table>
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<th>N 003</th>
<th>Continued From page 4</th>
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<td>expedited admission is approved for residents who are being displaced from another facility or its waiting list as a result of that facility's withdrawal from the Medicaid program.</td>
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<td>This Rule is not met as evidenced by:</td>
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<td>Based on review of the OCRC/Linton on-site survey form, review of the facility wait list and interview, it was determined the facility failed to maintain a waiting list that documented justification of deviation from the order of the wait list.</td>
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<td>The findings included:</td>
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<td>Review of the OCRC/Linton on-site survey form completed during the annual survey conducted 10/21/13 through 10/24/13 documented the number of applications denied admission within the past year as &quot;17&quot;, and documented the reason as &quot;9-Financial, 5-Clinically complex, 3-Aggressive behaviors.&quot;</td>
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<tr>
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<td>Review of the facility's wait list updated on 8/1/13 documented a total of 19 applicants. The wait list did not include all requests for admission to the facility. There was no documentation of reason to deviate from the order of the wait list.</td>
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<tr>
<td></td>
<td>During an interview in the private dining room on 10/24/13 at 8:50 AM, the Admissions Coordinator was asked about the lack of documentation and stated, &quot;Only names on the wait list are people who have not been admitted, there are no hospital requests put on the list, only people on the list are people who are at home.&quot; The Admissions Coordinator confirmed the lack of documentation on the wait list.</td>
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Continued From page 5

N 629

1200-8-6-.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 Civil Monetary Penalty #31

Tennessee Code Annotated 68-11-804(c)31: 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.

Based on policy review, review of a Material Safety Data Sheet (MSDS), medical record review, observation and interview, it was

N 629

N 629

N-829

A. What corrective action(s) will be accomplished for those residents found to have been affected:

All glucometers were cleaned with a bleach based cleaner. The isolation rooms were cleaned with a bleach based cleaner on 11-22-13.

B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All residents have the potential to be affected by this deficient practice. All resident rooms that had isolation were cleaned with a bleach based cleaner.

C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur?

On 11-21-13 the Director of Housekeeping has educated the floor techs and housekeeping staff on cleaning isolation rooms with a bleach based cleaner on isolation rooms. Licensed nurses were educated on 10-24-13 regarding using bleach based cleaner to clean medical equipment after each use.

D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.

11/24/2013

11/24/2013
N 629 Continued

The unit coordinators will monitor weekly times four weeks and then monthly times two months for making sure nurses are cleaning medical equipment after each use with a bleach based cleaner. Audit will be reported and reviewed by the Performance Improvement Committee which includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator In Monthly Performance Improvement meeting and corrections made as needed.

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tbody>
<tr>
<td>N 629</td>
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<td>The unit coordinators will monitor weekly times four weeks and then monthly times two months for making sure nurses are cleaning medical equipment after each use with a bleach based cleaner. Audit will be reported and reviewed by the Performance Improvement Committee which includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator In Monthly Performance Improvement meeting and corrections made as needed.</td>
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N 629

Continued From page 6

determined the facility failed to maintain an infection control program that ensured appropriate cleaning of reusable medical equipment for 1 of 30 (Resident #11) sampled residents.

The findings included:

Review of the facility's "...General Resident Care A Guide to Infection Control..." policy documented, "...Because alcohol-based... do not kill spore-forming organisms, they should not be used... with infections caused by spore-forming organisms. Examples are Clostridium difficile..."

Review of the MSDS for Super Sani-Cloth Germicidal Disposable Wipes documented, "...Ingredient(s)... isopropanol... Benzyl-C12-18-alkyldimethyl ammonium chlorides... Quaternary ammonium compounds, C12-18-alkyl (ethylphenyl) methyl dimethyl..." Super Sani-Cloths do not contain bleach.

Medical record review for Resident #11 documented an admission date of 10/16/13 with diagnoses Congestive Heart Failure, C-diff and Hypertension. Review of the admission physician's orders dated 10/16/13 documented, "...contact isolation..."

Observation on the secured unit outside room 317 on 10/21/13 at 4:57 PM, Nurse #5 cleaned the glucometer with a Super Sani-Cloth which contained no bleach.

Observation on the south hall outside room 240 on 10/22/13 at 7:45 AM, Nurse #5 cleaned the glucometer with a Super Sani-Cloth which contained no bleach.
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinical Identification Number:** TN6001

**Multiple Construction:**
- **Building:**
- **Wing:**

**Date Survey Completed:** 10/24/2013

**Name of Provider or Supplier:** Life Care Center of Columbia

**Street Address, City, State, Zip Code:**
841 W. James Campbell Blvd.
Columbia, TN 38401

### Summary Statement of Deficiencies

((Each deficiency must be preceded by full regulatory or LSC identifying information))

<table>
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<th>ID</th>
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<td>N 629</td>
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- During an interview on the north hall on 10/23/13 at 5:30 PM, Nurse #4 was asked what was used to clean glucometers. Nurse #4 stated, "...use Super Sani-Cloths..." Nurse #4 was asked if the resident had C-diff would you use the Super Sani-Cloths. Nurse #4 stated, "...use the same..."

- During an interview in the Director of Nursing's (DON) office on 10/24/13 at 7:30 AM, the DON was asked what the glucometers were cleaned with after use and what would be used to clean the glucometers if the resident had C-diff. The DON stated, "...Sani-Cloths..."

- The facility failed to ensure that reusable medical equipment was cleansed using the appropriate cleaner to prevent spread of infections.

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<tr>
<td>N 727</td>
<td>1200-8-6.-06(6)(b) Basic Services</td>
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- (6) Pharmaceutical Services.

- (b) 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.

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

- Tennessee Annotated Code 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.

- Based on policy review, observation and

### Provider's Plan of Correction

((Each corrective action should be cross-referenced to the appropriate deficiency))

<table>
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<tr>
<th>ID</th>
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<td>N 727</td>
<td>N-727</td>
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- **A.** What corrective action(s) will be accomplished for those residents found to have been affected:
  - Assistant Director of Nursing and Unit Coordinators checked all medications for expiration dates to assure compliance.
  - Assistant Director of Nursing and Unit Coordinators separated Internals from externals. All harmful substances were removed from the storage cabinets on 10-24-13.

- **B.** How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

- All residents have the potential to be affected by this deficient practice. Licensed nurses will observe for expiration dates on medications before administering meds.

**Date:**

- 11/24/2013
**Division of Health Care Facilities**

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUBA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION
<table>
<thead>
<tr>
<th>A. BUILDING:</th>
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<td>TN6001</td>
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<td>10/24/2013</td>
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**NAME OF PROVIDER OR SUPPLIER**

LIFE CARE CENTER OF COLUMBIA

841 W. JAMES CAMPBELL BLVD.
COLUMBIA, TN 38401

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<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
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<tr>
<td>N 727</td>
<td>Continued From page 8 interview, it was determined the facility failed to store internal and external medications separately in 1 of 6 (100 hall medication room) storage areas. The findings included: Review of the facility's &quot;Medication Storage &amp; [and] Security in the Facility&quot; policy documented, &quot;...10. Potentially harmful substances... urine test reagent tablets, household poisons, cleaning supplies, and disinfectants are clearly identified and stored in a locked area separately from medications...&quot; Observations in the 100 hall medication room cabinet on 10/24/13 at 8:15 AM, revealed a bottle of Alcon Azopt ophthalmic suspension stored beside a half full bottle of nail polish remover and a jar of VapoRub ointment. During an interview in the 100 hall medication room on 10/24/13 at 8:15 AM, Nurse #8 was asked how internal and external medications and products should be stored. Nurse #8 stated, &quot;...Separately...&quot; During an interview in the 100 hall on 10/24/13 at 8:55 AM, Nurse #9 was asked how internal and external medications and products should be stored. Nurse #9 stated, &quot;...Keep internal and externals separately...&quot;</td>
<td>N 727</td>
<td>N 727 Continued C. What measures will be put into place or what systematic changes will you make to ensure that this deficient practice will not recur? On 11-13-13 the Assistant Director of Nursing educated the licensed nurses to keep internals separate from externals and to check expiration dates on medication before administering and to assure that no harmful substances are stored inappropriately. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.</td>
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| N 767 | 1200-8-6-06(9)(i) Basic Services (9) Food and Dietetic Services. (i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, |
| | | | | |
### N 767

**Continued From page 9**

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 protected from sources of contamination by failing to serve food under sanitary conditions during 2 of 2 (10/21/13 Noon and 10/23/13 Breakfast meal) dining observations and failed to properly clean food preparation equipment in the kitchen.

The findings included:

1. Review of the facility's "Hand Hygiene" policy documented, "...Purpose To decrease the risk of transmission of infection by appropriate hand hygiene... Rinse hands well under running water. 5. Dry thoroughly with a disposable towel. 6. Use a towel to turn off the faucet then discard..."

Observations of the noon meal on the 100 hall on 10/21/13 revealed the following:

a. At 11:50 AM - Nurse #2 delivered the lunch tray to the bedside table, cranked the head of the...
Continued From page 10

bed up, then proceeded to open the cake, condiments and used her hand to open and observe what the sandwich was without sanitizing or washing her hands.
b. At 12:28 PM - certified nursing assistant (CNA) #3 moved the sheets and quilt from the bed, moved the bedside table and proceeded to remove the lunch tray from the cart and delivered it to the room without sanitizing or washing her hands.
c. At 12:36 PM - CNA #5 cranked up a resident's bed then proceeded to open the resident's food bowls and cake without sanitizing or washing her hands.

Observations of the noon meal in the Alzheimer's secured unit (ASU) on 10/21/13 at 11:37 AM, licensed practical nurse (LPN) #6 handed out trays, moved a trash can, then set up her tray without performing hand hygiene.

Observations of the breakfast meal on the 100 hall on 10/23/13 revealed the following:
a. At 8:02 AM - CNA #5 washed her hands and turned the water off with bare hands. CNA #5 then went out and fixed and delivered a cup of coffee to a resident.
b. At 8:09 AM - Nurse #1 washed her hands, put both her hands on her pants legs as she was talking to a resident and put a bed cover around the residents shoulder, then opened the resident's milk and juice and put a straw in the milk without washing her hands.
c. At 8:22 AM - CNA #1 pulled the bedside table over the resident, removed the resident's plate cover, opened condiments, drinks, oatmeal, jelly and butter without washing or sanitizing her hands. At 8:25 AM - CNA #1 raised the bed with the control, pulled the bedside table around, opened condiments, milk and put the straw in it.
N 767 Continued From page 11

and opened the oatmeal without washing her hands. At 8:33 AM - CNA #1 washed her hands and turned the water off with her bare hands. d. At 8:35 AM - CNA #3 delivered the breakfast tray, moved kleenex tissues around on the bedside table, moved the bedside table to the patient then proceeded to open the plate cover and liquids without sanitizing or washing her hands. At 8:37 AM - CNA #3 while delivering the breakfast tray, dropped a cup on the floor, picked the cup up, then proceeded to remove the plate cover and remove lids from the liquids without sanitizing or washing her hands.

Observations of the breakfast meal on the 200 hall on 10/23/13 at 7:48 AM, CNA #6 moved a resident's wheelchair, moved the call light, moved pillows, moved magazines off overbed table then set up the meal tray which included the CNA picking up a biscuit with a bare hand putting butter and jelly on biscuit, then patting the top of biscuit with a bare hand and placing it back on the resident's plate with no hand hygiene observed.

2. Review of the facility's "Proper Use of Sanitizing Buckets" policy documented, "...To ensure that work surfaces that come in contact with food are not just clean, but sanitized, we must keep our dish towels clean and sanitary throughout the day. Solution in Sanitizing Buckets: Bleach is the preferred solution since it is more stable and destroys more bacteria/germs. Measure bleach and water before pouring them into the bucket. Follow the ppm for food-safe surfaces... Test the ppm before putting the bucket into use. Record the ppm on the Sanitizing Bucket PPM [parts per million] Log... Monitor ppm about every two hours. Replace solution as needed, but no less than every two hours..."
N 767  Continued From page 12

Observation during the initial tour of the kitchen on 10/21/13 at 11:32 AM revealed the following:

a. Two sanitizer buckets did not have sanitizer in them when tested with a test strip.
b. A large skillet had a large amount of carbon buildup around the sides and across the bottom. The Teflon in the skillet was scratched and partially missing.

During an interview in the kitchen on 10/21/13 at 11:32 AM, the Dietary Manager (DM) confirmed the buckets were used to clean the preparation tables and should have sanitizer in them.