N 000

Initial Comments

1200-13-1-08 (1)
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: (b) The name of the contact person or designated representative other than the applicant (if any). (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). (f) The sex and race of the applicant. (i) The name and title of the Long Term Care Facility Staff person taking the application for the admission.

This Rule is not met as evidenced by:

Based on review of the facility inquiry log and interview, it was determined the facility failed to ensure the contact person or designated representative, the address of the applicant and the contact person, the telephone number of the applicant and the contact person or representative, the sex and race of the applicant, and the name and title of the facility staff taking the application for admission was included on the single wait list for the 3 persons listed on the inquiry log.

The findings included:

- Review of the facility inquiry log listed 3 persons requesting admission to the facility. There was no contact person or representative documented on

<table>
<thead>
<tr>
<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>(X6) DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 000</td>
<td>N 000</td>
<td>7/27/12</td>
<td>A new log was developed to include contact person or designated representative, the address of the applicant and the contact person, the telephone number of the applicant and the contact person or representative, the sex and race of the applicant and the name and title of the facility staff taking the application for admission was included on the single wait list. These will be in chronological order with referrals received beginning 7/23/2012.</td>
<td></td>
</tr>
</tbody>
</table>

Applicants to facility have potential to be effected by this alleged deficient practice.

ED will monitor the log on a weekly basis for 4 weeks then monthly thereafter.

Results will be reviewed at the Quality Assurance Committee (Director of Nursing, Executive Director, Assistant Director of Nursing, RNAC, Nursing Supervisors, Pharmacy, Social Services, Medical Director, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.
Continued From page 1

the log. The address of the applicant and the contact person or designated representative was not documented, the telephone number of the applicant and contact person was not documented, the sex or race of the applicant was not documented and the name and title of the facility staff taking the request was not documented on the log.

During an interview in the conference room on 6/27/12 at 2:00 PM, the Administrator stated, "We do not have a waiting list because we have empty beds. We have an inquiry log, we list everyone on it, I have 3 inquiries now..."

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.

This Rule is not met as evidenced by:

Based on review of the facility inquiry log and interview, it was determined the facility failed to document applicants in chronological order.

The findings included:

Review of the facility inquiry log documented a referral listed on the inquiry log dated 6/21/12, 6/22/12, two referrals were listed on 6/25/12, another referral was listed on 6/26/12, and 6/27/12. The inquiry log was not numbered as to which referral came first.
N 000  Continued From page 2

During an interview in the conference room on 6/27/12 at 2:00 PM, the Administrator stated, "We do not have a waiting list because we have empty beds ... I have 3 inquiries now... we are waiting on them to come... have beds assigned... 2 are still in hospital, one is waiting on insurance approval..."

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, 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 review of the pest control contract, observation and interview, it was determined the facility failed to ensure food was protected from potential sources of contamination (flies) while being served in 2 of 62 (rooms 305 and 307) resident rooms.

The findings included:

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, 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 review of the pest control contract, observation and interview, it was determined the facility failed to ensure food was protected from potential sources of contamination (flies) while being served in 2 of 62 (rooms 305 and 307) resident rooms.

The findings included:

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, 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 review of the pest control contract, observation and interview, it was determined the facility failed to ensure food was protected from potential sources of contamination (flies) while being served in 2 of 62 (rooms 305 and 307) resident rooms.

The findings included:
1. The facility pest contract "[Named Pest Control Company]... PEST MANAGEMENT SERVICE PLAN" documented, "[Named Pest Control Company] will perform PEST MANAGEMENT for... the following pests... Roaches, Ants and Silverfish, Rats and Mice, Exterior: Pavement Ants, Occasional Invaders, Bee and Wasp Nests... Interior: Crickets, Millipedes, Centipedes, Sowbugs..." There was no mention of flies in the contract agreement.

2. Observations during the initial tour on 6/24/12 beginning at 11:55 AM, revealed the following:
   a. Room 305B - a fly landed on the siderail and the foot board of the bed. The resident was in bed as the noon meal was being served.
   b. Room 307B - a fly on the comforter of the bed as the lunch meal was being served.

During an interview in the Administrator's office on 6/27/12 at 10:50 AM, the Administrator was asked about pest control. The Administrator stated, "...they [pest control company] have been out here several times recently, they redone the bug lights and they think that may help..."

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
TN5601

GOLDEN LIVINGCENTER - SPRINGFIELD
104 WATSON ROAD
SPRINGFIELD, TN 37172

N1216 Continued From page 4

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;

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.

Based on policy review and observation, it was determined the facility failed to ensure a resident's record was kept confidential and private during 1 of 3 (Resident #187) wound care observations.

The findings included:

Review of the facility's resident rights guidelines policy documented, "...Screen the resident for privacy...

Observations during wound care in Resident #187's room on 6/27/12 at 10:00 AM, Nurse #8 left the door to Resident #187's room open and the treatment administration record was left open, laying on the top of treatment cart in the hallway in full view of anyone who passed by.

Results will be reviewed at the Quality Assurance Committee (Director of Nursing, Executive Director, Assistant Director of Nursing, RNAC, Nursing Supervisors, Pharmacy, Social Services, Medical Director, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.