STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA INDENTIFICATION NUMBER:

TN7931

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
07/13/2011

NAME OF PROVIDER OR SUPPLIER
MILLINGTON HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
5081 EASLEY AVENUE
MILLINGTON, TN 38053

(X4) ID PREFIX TAG
N1535

(N4) ID PREFIX TAG
N1535

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

N1535 1200-8-5-.15(4) Nurse Aide Training and Competency Evaluation

(4) Continued Competency.

The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.

This Rule is not met as evidenced by:
Type C Pending Penalty #15

Tennessee Code Annotated 68-11-804(c)15:
Each nurse assistant shall receive at least ten (10) hours each year of in-service training related to such nurse assistant job responsibilities. A record verifying attendance by each nurse assistant shall be kept in the nursing home file.

Based on policy review, review of Certified Nursing Assistants (CNA) Inservice attendance records for 2010 and interview, it was determined the facility failed to ensure 2 of 18 (CNA #1 and CNA #3) CNAs employed the entire year of 2010 received at least 10 hours of in-service training for the year.

The findings included:

Review of the facility's "IN - SERVICE EDUCATION PROGRAMS' policy documented, "...In-service Educational Programs will be conducted regularly to ensure facility staff are knowledgeable of policies, procedures, and resident care... Programs will comply with Federal and State Regulations..."

Review of the CNA in-service attendance records

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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recorded the in-service hours for 2010 as follows:

- a. CNA #1 with a hire date of 6/23/08 had 6 hours.
- b. CNA #3 with a hire date of 4/19/05 had 9 hours.

During an interview in the Administrator's office on 7/13/11 at 8:55 AM, the Administrator confirmed that these were all of the in-service hours for these CNAs. The Administrator stated, "...they [CNAs] just do not come in for the in-services..."
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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>COMPLETION DATE</th>
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During the certification survey completed on 7-11-11, this facility was found to be in compliance with the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code, 2000 edition, Chapter 19, Existing Health Care Occupancies.

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 requisite to continued program participation.