<table>
<thead>
<tr>
<th>(6) Pharmaceutical Services.</th>
<th>(6) Pharmaceutical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) 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.</td>
<td>This requirement will be met as evidence by:</td>
</tr>
<tr>
<td>This Rule is not met as evidenced by: Type C Pending Penalty #7</td>
<td>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.</td>
</tr>
<tr>
<td>Tennessee Code Annotated 68-11-604(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, in storage rooms. 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.</td>
<td>MidSouth Health and Rehab will store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys.</td>
</tr>
<tr>
<td>Based on observation and interview, it was determined the facility failed to ensure medications were stored in locked compartments in 1 of 4 (nurses' station 1 medication room) medication storage areas.</td>
<td>The nurse's station 1 medication storage room is locked at all times. All medication rooms containing medication are locked at all times. Inservice was held for all nursing staff on 3/7, 3/8, 2011 to reinforce requirement for medication rooms to be locked at all times. The Director of Nursing / Designee will be responsible for compliance with the corrective action. The doors will be checked daily for one month, then weekly for 2 months, and quarterly for one year. Documentation of results will be recorded on the Quality Assurance tool and reported at the monthly Quality Assurance Meeting.</td>
</tr>
<tr>
<td>The findings included:</td>
<td></td>
</tr>
<tr>
<td>1. Observations of nurses' station 1's medication room on 3/1/11 at 9:45 AM, revealed the door to the medication room was unlocked with a medication refrigerator containing an Aupusol tuberculin skin test 10 milliliter vial present.</td>
<td></td>
</tr>
</tbody>
</table>
**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)</th>
<th>(X4) ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N728</td>
<td>Continued From page 1 medication room containing medications to be locked. Nurse #1 stated, &quot;Yes.&quot;</td>
<td>N728</td>
<td>N767 1200-8-6-.06(9)(i) Basic Services</td>
<td>3/16/11</td>
</tr>
<tr>
<td></td>
<td>(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.</td>
<td></td>
<td>(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.</td>
<td></td>
</tr>
</tbody>
</table>

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 observation and interview, it was determined the facility failed to ensure food was stored or prepared under sanitary conditions as evidenced by food stored past the three day rule, a stove drip pan was not clean; a scoop was left in the flour and dietary workers were not wearing hair restraints to completely cover their hair on 2/28/11 days of the survey.

The findings included:
- Observations during the initial tour of the facility on 2/28/11 revealed the following:

In-services will be conducted on all Dietary Staff by Dietary Management beginning March 11, 2011 to reinforce policies for proper storage and utilization. This will become part of the orientation program. (See Attachment A)

Morning Cook and Evening Cook will be responsible for changing the coolers and ensuring items in circulation are no out dated.
**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/supplier/CUA identification number:</th>
<th>(X2) multiple construction</th>
<th>(X3) date survey completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN7936</td>
<td>A. building: ________</td>
<td>03/01/2011</td>
</tr>
<tr>
<td></td>
<td>B. wing: ________</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

**MIDSOOUTH HEALTH AND REHABILITATION CF**

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

2380 JAMES ROAD
MEMPHIS, TN 38127

<table>
<thead>
<tr>
<th>(X4) ID PREFERENCE TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (each deficiency must be preceded by full, regulatory or use identifying information)</th>
<th>ID PREFERENCE 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>
</tr>
</thead>
<tbody>
<tr>
<td>N767</td>
<td>Continued From page 2</td>
<td>N767</td>
<td>Dietary Management will use a monitoring tool 2 times a week for 3 months then monthly for 1 year to ensure out dated items are disposed of and in compliance. (See attachment “B”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. At 9:50 AM, the Assistant Dietary Manager was wearing a cap with approximately 2 inches of hair unrestrained by the cap and was not wearing a cover over his beard. A dietary worker was wearing a cap with approximately 2 inches of hair unrestrained by the cap.</td>
<td></td>
<td>Scoop hangers were installed. Scoops have been ordered to assure each container has its own scoop.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. At 10:17 AM, a plastic container of corn meal mix with a date of 2/24/11 was stored in the refrigerator. The food in the refrigerator should not be stored past three days (2/27/11).</td>
<td></td>
<td>In-services will be conducted for all Dietary Staff by Dietary Management regarding proper storage of scoops.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. At 10:20 AM, a drip pan on the stove (approximately 2 feet long and 6 inches wide) was covered with a 1/4 inch of a yellow, brown gummy material.</td>
<td></td>
<td>Morning Cook and Evening Cook will be responsible for checking the storage bins daily to ensure there are no scoops left in storage bins.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. At 10:24 AM, a scoop was left in the flour. No holder was seen to keep the scoop in.</td>
<td></td>
<td>Dietary Management will use a monitoring tool 2 times a week for 3 months then monthly for 1 year to ensure scoops are stored properly and in compliance. (See attachment “B”)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>During an interview outside the kitchen door on 2/28/11 at 9:50 AM, the Assistant Dietary Manager (ADM) stated, &quot;We have no hair nets. We don't use them [hair nets].&quot; The ADM confirmed they did not use beard covers and confirmed he would get hair nets for complete coverage of hair, and beard covers.</td>
<td></td>
<td>Hair nets and beard guards were immediately acquired during the survey</td>
<td></td>
</tr>
</tbody>
</table>

**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 private. Written consent by the resident must be obtained prior to release of information except to
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>N1216</td>
<td>Continued From page 3 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;</td>
</tr>
</tbody>
</table>

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 observation and interview, it was determined 1 of 2 (Nurse #2) medication nurses failed to maintain the privacy and confidentiality of residents' medical records.

The findings included:

1. Observations by nurses' station 2 on 2/28/11 at 3:55 PM, 4:15 PM, and 4:30 PM, Nurse #2 left the Medication Administration Record (MAR) open with a resident's name and list of medications in public view to anyone who passed by.

2. During an interview at nurses' station 2 on 3/1/11 at 3:05 PM, Nurse #2 was asked what she should do with the MAR when it is not within her sight. Nurse #2 stated, "Close them [MAR]."

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</tr>
</thead>
<tbody>
<tr>
<td>N1216</td>
<td>Dietary Management will use a monitoring tool 2 times a week for 3 months then monthly for 1 year to hair restraints are being used properly and in compliance. (See attachment &quot;B&quot;) Drip pan was taken out and immediately cleaned at the time of the survey. Morning Cook and Evening Cook will be responsible for cleaning the drip pans after each time they are used. Dietary Management will use a monitoring tool 2 times a week for 3 months then monthly for 1 year to ensure drip pans are cleaned properly and in compliance. (See attachment &quot;C&quot;) All results will be reviewed at QA&amp;A meeting.</td>
</tr>
</tbody>
</table>
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 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 observation and interview, it was determined 1 of 2 (Nurse #2) medication nurses failed to maintain the privacy and confidentiality of residents’ medical records.

The findings included:

1. Observations by nurses’ station 2 on 2/28/11 at 3:55 PM, 4:15 PM, and 4:30 PM, Nurse #2 left the Medication Administration Record (MAR) open with a resident’s name and list of medications in public view to anyone who passed by.

2. During an interview at nurses’ station 2 on 3/1/11 at 3:05 PM, Nurse #2 was asked what she should do with the MAR when it is not within her sight. Nurse #2 stated, "Close them [MAR]."
N1216  Continued From page 3

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 polices to govern
access and duplication of the resident's record;

This Rule is not met as evidenced by:
Type C Pending Penalty #6

Tennessee Code Annotated 68-11-304(c)(5):
Each patient has a right to have the patient's personal records kept confidential and private.

Based on observation and interview, it was determined 1 of 2 (Nurse #2) medication nurses failed to maintain the privacy and confidentiality of residents' medical records.

The findings included;

1. Observations by nurses' station 2 on 2/28/11
   at 3:55 PM, 4:15 PM, and 4:30 PM, Nurse #2 left
   the Medication Administration Record (MAR)
   open with a resident's name and list of
   medications in public view to anyone who passed
   by.

2. During an interview at nurses' station 2 on
   3/1/11 at 3:05 PM, Nurse #2 was asked what she
   should do with the MAR when it is not within her
   sight. Nurse #2 stated, "Close them [MAR]."

An Inservice was held for all nursing
staff on March 2, 3, and 8, 2011, to
address the rights of residents to
have personal privacy and
confidentiality of their personal and
clinical records. The correct
procedure for maintaining privacy
during medication administration
was also reviewed with the nursing
staff. It was a mandatory Inservice
and will be part of the orientation
program for all new employees.
Omnicare Pharmacy will complete a
Medication Pass Audit on each
nurse administering medications.
This will be part of the Quality
Assurance program to ensure the
deficient practice does not occur
again.

A monitoring tool has been
developed for observation of the
medication administration
procedure. This will be completed
daily on each shift for two weeks,
then weekly for 2 months, and then
quarterly for one year. (See
attachment A.) The Nurse Manager
will complete the monitoring tool.
The Director of Nursing/Designee is
responsible to ensure continued
compliance.

Results of the monitoring tool will be
reviewed at the monthly Quality
Assurance Meeting by the Director
of Nursing.