<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER/SUPPLIER/Clinical Lab. Identification Number</th>
<th>PROVIDER'S PLAN OF CORRECTION (Each corrective action should be cross-referenced to the appropriate deficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 645</td>
<td>1200-8-6-05(3)(k) Basic Services</td>
<td>N 645  Infection Control</td>
</tr>
<tr>
<td>(k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times.</td>
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<td>This Rule is not met as evidenced by: Type C Pending Penalty #18</td>
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<tr>
<td>Tennessee Code Annotated 68-11-804(c)18: Cleaning supplies, toxic substances and equipment shall be secured at all times to prevent access by patients. Toxic substances shall not be left unattended when not secured.</td>
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<td>This Rule is not met as evidenced by: Based on policy review, review of a manufacturer's specifications, medical record review, observation, and interview, it was determined the facility failed to ensure the resident's environment remained as free of accident hazards for 1 of 17 (Resident #11) sampled residents and 1 of 2 Random Residents (RR #1).</td>
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<td>The findings included:</td>
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<tr>
<td>1. Review of the facility's policy documented “4.1 STORAGE OF MEDICATION POLICY Medications and biologicals are stored properly...to support safe administration. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff</td>
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</tbody>
</table>

**Title:** Infection Control

1. The facility will continue to ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents.

The bottle of hand sanitizer (Epi-clenz) was immediately removed from the area in which RR #1 was and placed in a locked compartment.

The scissors were immediately removed from the room of resident #11 with an explanation to the resident of why she could not keep them in her room. Scissors were returned to family.

Putty knife was placed inside locked housekeeping cart by housekeeping supervisor.

2. Residents at the facility have the potential for accident hazards.

Immediate re-inservice to staff on 5/5/10 was conducted regarding storage of chemicals.

Staff have been re-inserviced on 5/17/10 regarding proper storage of chemicals and potentially dangerous objects.

Letter was mailed or given to family members on 5-17-10 requesting they check at desk before giving residents items brought from home.

Re-inservice was given to housekeeping employees on 5-7-10 regarding safety rules on storage of sharp objects and housekeeping safety rules. Inservice was given on 5-7-10 by NHA to department heads regarding accident hazards and proper procedure.
Division of Health Care Facilities

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLEAN IDENTIFICATION NUMBER:

TENSY9

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
S. WING

(X3) DATE SURVEY COMPLETED
05/06/2010

NAME OF PROVIDER OR SUPPLIER
DOVE HEALTH & REHAB OF COLLIERVILLE, 1

STREET ADDRESS, CITY, STATE, ZIP CODE
480 WEST POPULAR AVENUE
COLLIERVILLE, TN 38017

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

N 645 Continued From page 1

members lawfully authorized to administer medications... 3. Medications rooms, cabinets and medication supplies are locked or attended by persons with authorized access... 9. Potentially harmful substances (such as urine test reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in an area separate from medications."

2. Review of a manufacturer's label for Epi-Clenz Instant Hand Antiseptic documented, "...Drug Facts... Active Ingredient... Ethyl Alcohol 70% [percent]... Warnings For external use only... Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away."

3. Observations in the 200 Hall outside of Room 203 on 5/5/10 at 9:45 AM, revealed RR #1 in a wheelchair at the Isolation Cart picking up a bottle from the top of the Isolation Cart, looking at the bottle, and then placing the bottle back on top of the Isolation Cart on three different occasions.

RR #1 then wheeled into Room 201. There were no staff members in the area. The bottle was Epi-Clenz Instant Hand Antiseptic.

During an interview in the 200 Hall outside of room 203 on 5/5/10 at 10:30 AM, Nurse #1 confirmed the bottle was a 4 ounce bottle of Epi-Clenz Instant Hand Antiseptic and was 3/4th full and the Isolation Cart was not locked. Nurse #1 further confirmed the warning label on the bottle documented to "Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away."

Nurse #1 confirmed Epi-Clenz Instant Hand Antiseptic should be stored in a locked cart.

During an interview in the 200 Hall outside of

3. The Administrator and department heads will conduct audits during daily rounds to ensure compliance with ensuring the environment remains as free of accident hazards as is possible. Housekeeping supervisor will conduct daily rounds to ensure housekeeping safety rules will be observed. Staff Development Coordinator during new hire orientation will instruct new staff on the importance of safety hazard observation, removal, and reporting. Staff will also be re-instructed on a yearly basis of importance of facility being free of accident hazards.

4. Any safety hazards that are noted in facility will be reported in daily morning meeting for follow-up and to determine if appropriate intervention has been put in place. Safety hazards will be reported to the Environmental Review committee. The Environmental Control Review Committee is composed of dietary, housekeeping, laundry, maintenance and infection control. The Environmental Control Review committee which meets monthly will review the findings and resolution and report findings to the QA committee. The QA committee is composed of medical director, department heads, pharmacist, and various employees from departments within the facility will present the findings and resolution to the QA Committee which will review for further recommendations and or interventions.

5. The NHA and maintenance director are responsible to verify ongoing compliance.
Continued From page 2

<table>
<thead>
<tr>
<th>ID PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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</table>
| N 645     |     | room 203 on 5/6/10 at 9:20 AM, Nurse #1 confirmed RR #1 had a diagnosis of Alzheimer's Disease. Nurse #1 further confirmed RR #1 "continuously rolls down the hall and visits residents sometimes without their permission" and can open other residents' doors. 4. Medical record review for Resident #11 documented an admission date of 4/29/10 with diagnoses of End Stage Renal Disease with Hemodialysis, Gout, Hypertension, Colostomy, Colon Cancer, Vitamin B12 Deficiency, Seizure Disorder, and Atrial Fibrillation. Review of physician's order dated 4/29/10 documented "...M [Monday], W [Wednesday], F [Friday] with hemodialysis..." and "...Coumadin 2 mg [milligram] tab [tablet] by mouth daily at bedtime..." An Initial Nursing Summary dated 4/29/10 documented Resident #11 had a cognitive performance of 0, indicating the resident was cognitively aware. There was no Minimum Data Set (MDS) in the record. Observations in Resident #11's room on 5/6/10 at 9:33 AM revealed a pair of sharp pointed scissors on Resident #11's over bed table. Resident #11 was not in the room. During an interview at the second floor Nurses Station on 5/6/10 at 9:34 AM, Nurse #1 stated, "The family probably brought them." When asked where Resident #11 was, Nurse #1 stated, "She is in therapy." During an interview in Resident #11's room on 5/6/10 at 10:08 AM, Physical Therapy Aide (PTA) #1 stated, "I took Resident #11 to PT [physical therapy] about 40 minutes ago. I did not notice the scissors on the bedside table."
| N 645 | Continued From page 3  
|---|---|
| 5. Observations on the second floor hallway outside room 207 on 5/6/10 at 10:12 AM, revealed an unattended housekeeping cart containing a 6 inch joint tool with sharp edges and two sharp points on top of the cart. Two housekeepers were working in Room 207 on the floor beneath the window. The cart was not in view of the housekeepers.  
During an interview in the second floor hallway on 5/6/10 at 10:29 AM, regarding wandering residents on this hallway that could get into the housekeeping cart, Certified Nursing Assistant (CNA) employee #1 stated "RR #1 could get into the housekeeping carts."  
During an interview in room 207 on 5/6/10 at 10:30 AM, Housekeeping/Floor tech #1 stated, "That is my cart outside the room." |
| N 727 | 1200-8-6-.06(6)(b) Basic Services  
(6) Pharmaceutical Services. |
| N 727 | N 727 CORRECTIVE ACTION  
5-28-10 |
| 1. The facility will continue to ensure that 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.  
2. Residents at the facility have the potential to be affected.  
The grey IV box was immediately returned to the pharmacy in exchange for a new IV box, filled and sealed. |

This Rule is not met as evidenced by:  
Type C Pending Penalty #7  
Tennessee Code Annotated 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. Such cabinets or drug
**NAME OF PROVIDER OR SUPPLIER**
Dove Health & Rehabs of Collierville, I

**STREET ADDRESS, CITY, STATE, ZIP CODE**
490 West Poplar Avenue, Collierville, TN 38017

**SUMMARY STATEMENT OF DEFICIENCIES**
(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>N 727</th>
<th>Continued From page 4</th>
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<tbody>
<tr>
<td></td>
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<td>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>
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This Rule is not met as evidenced by:

Based on policy review, review of the 2008 Edition of the Tennessee Pharmacy Laws, observation and interview, it was determined drugs and biologicals were not stored in locked compartments in 1 of 6 (gray Emergency IV Box in 200 Hall medication room) emergency boxes; 1 of 6 (third floor respiratory therapy medication cart) medication carts and 1 random observation of medications at the bedside.

The findings included:

1. Review of the facility's policy documented "3.4 EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS... Emergency medications and supplies are provided by the pharmacy in compliance with applicable state regulations... PROCEDURES... 3. Emergency medications and supplies are kept secure..."

Review of the 2008 Edition, Tennessee Pharmacy Laws, documented, "1140-4-09 EMERGENCY AND HOME CARE KITS... Drugs and devices and related materials may be provided by emergency kits as defined by policies and procedures provided that such kits meet the following requirements: (1) Emergency Kits... 3. The emergency kit shall be provided sealed or electronically secured by authorized personnel in accordance with established policies."

Observations in the 200 Hall Medication Room on 6/5/10 at 11:00 AM, revealed the gray IV

| ID PREFIX TAG | N 727 | The Respiratory Therapy cart look was immediately fixed by a locksmith on 5/4/10. Resident #2-The Dulcolax stool softer was removed from the resident's room on 5/4/10. It was returned to family. Immediate in-service to nursing and Respiratory staff on 5/4/10 and 5/5/10 regarding storage of drugs and chemicals. Staff will be re-structured by 5/17/10 regarding proper storage of drugs and chemicals. Letter was sent to families on 5-17-10 informing the counter medicines are not to be given to residents to keep at bedside. 3. Rounds by DON or her designee in resident rooms will be made to ensure compliance with the storage of biologicals. These audits will be done twice a week for 4 weeks, then every other week for 3 months. Residents and families will continue to be educated to deliver over-the-counter medication or medication brought from home to the nurses station. Med rooms will be audited daily for compliance by DON or her designee in regards to the storage of biologicals. 

Respiratory Therapist cart will be locked unless administering medications. Respiratory therapist will keep a log at cart with checks at 7 am and 7 pm for lock function.

4. Rounds by DON or her designee in resident rooms will be made to ensure compliance with the storage of biologicals in locked compartments to include resident rooms, medication rooms, medication carts. These audits will be done twice a week for 4 weeks, then every other week for 3 months. Any concerns will be addressed immediately. Respiratory therapist log for sign-in of lock function will be monitored daily by unit manager. Any concerns will be addressed immediately. Results of daily rounds and lock functioning will be presented monthly to the Facility Practice Review which is...
Continued From page 5

Emergency Box with an expiration date of 9/1/10 was unlocked.

During an interview in the 200 Hall Medication Room on 5/5/10 at 11:05 AM, Nurse #1 confirmed the gray IV Emergency Box was open and "should have been sealed."

2. Observations outside of Room 312 on 5/4/10 at 9:50 AM, revealed the third floor respiratory therapy medication cart was left unlocked, unattended and out of view. The cart contained the following:
   a. An opened 16 ounce bottle of Hydrogen Peroxide.
   b. Eight 30 milliliter (ml) unopened vials of 20 percent (%) Acetylcysteine Solution (medication used by respiratory therapy).
   c. Two opened 30 ml vials of 20% Acetylcysteine Solution that were 3/4 th full.
   d. Twenty unopened ampules of Ipratropium Bromide 0.5 milligram (mg) and Albuterol Sulfate 3 mg.

3. Observations during the initial tour of Random Resident #2's room on 5/4/10 beginning at 10:30 AM, revealed a bottle of Dulcolax Stool Softener sitting on the night stand.

Observations in RR #2’s room on 5/4/10 at 2:45 PM, revealed a bottle of Dulcolax Stool Softener in the night stand.

During an interview at the first floor Nurses Station on 6/6/10 at 1:50 PM, Nurse #5 confirmed that she had removed all his medication from the bedside on admission and that his sister must have brought in more.

a sub committee of the QA committee. The Facility Practice Review Committee is comprised of the interdisciplinary team and DON. The QA committee is composed of medical director, department heads, pharmacist, and various employees from departments within the facility. The DON will present the findings and resolutions with recommendations and or interventions to the Facility Practice Review Committee. The Facility Practice Review Committee will present the findings and resolution to the QA committee for further recommendations and or interventions.

The DON is responsible to verify ongoing compliance.
<table>
<thead>
<tr>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
</tr>
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<tbody>
<tr>
<td>N 767</td>
<td>1200-8-6-06</td>
<td>(9)</td>
<td>Food and Dietetic Services.</td>
<td>N767 CORRECTIVE ACTIONS</td>
<td>5-28-12</td>
</tr>
<tr>
<td></td>
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<td>(i)</td>
<td>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>1. The facility will continue to ensure that 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 transported through hallways.</td>
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<td>a. Utensil rack was immediately moved on 5-5-10 from above sink and relocated to appropriate wall.</td>
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<td>b. Hood vents were immediately washed on 5-5-10.</td>
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<td>c. The grease trap on stove was cleaned evening of 5-6-10.</td>
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<td>d. The large mixer that was not being utilized was cleaned and removed from kitchen.</td>
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<td>e. The meat slicer was dismantled on 5-5-10 and cleaned.</td>
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<td>f. Thermometer in freezer was relocated from behind box to front of freezer.</td>
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<td>g. Purced chicken that was not completely covered was removed.</td>
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<td>h. The can opener was dismantled and cleaned. Now can opener was also ordered.</td>
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<td>i. Covered scoop holders were obtained and installed for cornmeal and sugar.</td>
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<td>j. Container of open corn flakes thrown away, container sanitized before more corn flakes were added.</td>
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<td>k. Staff in-serviced that pans are not to be stacked unless completely dry.</td>
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<td>2. Grease trap on stove cleaned evening of 5-6-10</td>
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<td>3. Covered container for sugar scoop installed evening of 5-5-10.</td>
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<td>4. Staff immediately in-serviced on 5-5-10 regarding portions and proper size scoop.</td>
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<td>2. Residents that eat at facility have the potential to be affected. Utensils and racks will not be located over sink areas. Hood vents will be cleaned twice a week and as needed if spillage occurs. Grease trap to be cleaned after each meal. Large mixer that was not being used was removed from kitchen. Meat slicer will be dismantled and cleaned after each use.</td>
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<td>Thermometers will be placed at front center of freezer shelves. Frozen pulled molds will be wrapped tightly, dated and labeled in containers.</td>
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</table>
Can opener is to be cleaned after use in dishwasher. Covered scoops for bins are to be utilized at all times. Lids for dry good are to be tightly covered after each use. Trays are not to be stacked wet. Staff will use the proper size scoop for portion. Staff was re-inserviced to adhere to cleaning schedules, procedures, and scoop sizes on 5-5-10. Staff was re-inserviced on evening of 5-6-10 of proper cleaning of grease trap.

3. Measures put in place so that deficient practices do not recur are:
   a. Cleaning schedules and assignments were updated and staff was re-inserviced on procedures and expectations. Employees are assigned specific tasks and will sign off on cleaning schedule.
   b. Weekly inservices for staff will be every Thursday to review proper cleaning, storage, and preparation procedures.
   c. Memo Communication book between Dietary manager and staff should be checked daily and signed to communicate issues.
   d. Walking rounds will be made daily by staff present when 2 pm employees come on and when 7 pm employees go off. Any problems with cleaning, sanitation, storage or food prep will be addressed immediately.
   e. Monthly sanitation check by contracted dietician from Nutritional Services.

4. The Dietary Manager or designee will conduct daily audits of cleaning schedule. Concerns will be addressed immediately. The diettician will conduct a monthly sanitation audit and concerns will be addressed immediately. Results of audits will be presented monthly to the Environmental Practice Review which is a sub-committee of the QA committee. The Environmental Control Review committee is comprised of dietary, housekeeping, laundry, maintenance, and infection control. The QA committee is composed of medical director, department heads, pharmacist, and various employees from departments within the facility. The Dietary Manager will address findings and resolutions to the Environmental Control Review Committee. The Environmental Practice Review Committee will present the findings and resolution to the QA committee for further recommendations and or interventions.

5. The Dietary Manager and Nursing Home Administrator are responsible to verify ongoing compliance.