**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>PROVIDER/RECIPIENT IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
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</thead>
<tbody>
<tr>
<td>TN9203</td>
<td>A. BUILDING:</td>
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<td>B. WING:</td>
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**NAME OF PROVIDER OR SUPPLIER**

MARTIN HEALTH CARE

**ADDRESS**

158 MT PELIA RD
MARTIN, TN 38237

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**(X4) ID PREFIX TAG**

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<th>(X6) COMPLETE DATE</th>
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<tr>
<td>N 003</td>
<td>N 003</td>
<td>10-11-13</td>
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**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

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<tr>
<th>N 003 1200-8-6 Special Circumstances</th>
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<tr>
<td>This Rule is not met as evidenced by:</td>
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<tr>
<td>1200-13-1-08 (1)(a,b,c,d,e,f,g,h,i,j)</td>
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<tr>
<td>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: (a) The name of the applicant, (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). (e) The name of the person or agency referring the applicant to the nursing facility. (f) The sex and race of the applicant. (g) The date and time of the request for admission. (h) Reason(s) for refusal / non-acceptance / other-action-taken pertaining to the request for admission. (i) The name and title of the Long Term Care Facility Staff person taking the application for the admission. (j) A notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.</td>
</tr>
</tbody>
</table>

This Rule is not met as evidenced by:

Based on review of the Office of Civil Rights Compliance (OCC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a wait list that included the name of the applicant, name of the contact person or designated representative, address of the

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**LABORATORY DIRECTOR'S OR PROVIDER/RECIPIENT REPRESENTATIVE'S SIGNATURE**

b. L. McPherson

**TITLE**

LNHA

**DATE RECEIVED**

10-9-13
applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant, sex and race of the applicant, date and time of the request of admission, reason for refusal / non-acceptance / other action taken pertaining to the request for admission, the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

The findings included:

Review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form revealed the facility failed to maintain a wait list that included the name of the applicant, name of the contact person or designated representative, address of the applicant and contact person, telephone number of the applicant, name of the person regency referring the applicant, sex and race of the applicant, date and time of the request of admission, reason for refusal / non-acceptance / other action taken pertaining to the request for admission, the name and title of the Long Term Care Facility staff person taking the application for admission and a notation stating whether the applicant is anticipated to be Medicaid eligible at time of admission or within one year of admission.

Review of the OCRC / Linton On-Site Survey Form completed during the annual survey conducted 9/23/13 through 9/25/13 documented the number of applications denied admission within the past year of "3", and documented the reason as "unable to meet needs (TPN [total parental nutrition], new trach [tracheostomy] < notifying applicants in writing when their name is removed from the list or moved to the end of the list. The facility is documenting on the waiting list the date, time, and method of each contact and the name of the facility staff person making the contact.

The facility is documenting on the wait list the summary of the communication between the facility staff person and the applicant or contact person.

The facility maintains a wait list that documents written confirmation that an applicant’s name entered on the wait list was sent, their position on the wait list, and a notification of their right of access to the wait list.

The facility is admitting applicants from the wait list in chronological order in which the referral or request for admission was received by the facility, except as permitted.

The facility maintains a waiting list that documents justification of deviation from the order of the wait list.

The facility will maintain a wait list that documents telephone requests.

The facility will maintain a wait list that documents applicant’s requests for admission.
The facility will maintain a wait list and ensure applicants have access to the list, have the right to review or copy the list, and to be informed by phone of their position on the list.

The Marketing Director will be informed by the Administrator on the Linton Wait List requirements by 10/11/13.

The Administrator will review the wait list for compliance monthly for three months and as needed thereafter.

1200-13-1-06(2)

The wait list should be updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10) days, the Long Term Care Facility shall, consistent with the written notice required in this section move an applicant to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, but the applicant wishes to remain on the admissions list. Applicants shall be advised of these policies at the time of their inquiry, and must be notified in writing, in a format approved by the Department, when their name is removed.
N 003 Continued From page 3

from the list or moved to the end of the list. Such contacts shall be documented in the facility log containing the wait list. The date, time and method of each contact shall be recorded along with the name of the facility staff person making the contact, and the identity of the applicant or contact person contacted. The log of such contacts shall also summarize the communication between the facility staff person and the applicant or contact person.

This Rule is not met as evidenced by:

Based on review of the Office of Civil Rights Compliance (OCR) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that was updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10) days, the Long term Care Facility failed to document when an applicant was moved to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, and the applicant wishes to remain on the admissions list. The facility failed to ensure applicants were notified in writing, in a format approved by the Department, when their name is removed from the list or moved to the end of the list. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The facility failed to document on the wait list the summary of the communication between the facility staff person and the applicant or contact person.

The findings included:
Review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form revealed the facility failed to maintain a waiting list that was updated and revised at least once each quarter to remove the names of previous applicants who are no longer interested in admission to the Long Term Care Facility. Following three (3) contacts each separated by a period of at least ten (10) days, the Long term Care Facility failed to document when an applicant was moved to the end of the single admission list whenever an available bed is not accepted at the time of the vacancy, and the applicant wishes to remain on the admissions list. The facility failed to ensure applicants were notified in writing, in a format approved by the Department, when their name is removed from the list or moved to the end of the list. The facility failed to document on the waiting list the date, time and method of each contact and the name of the facility staff person making the contact. The facility failed to document on the wait list the summary of the communication between the facility staff person and the applicant or contact person.

During an interview in the conference room on 9/25/13 at 11:30 AM, the Director of Marketing and Admissions was for the wait list. The Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit everyone." The Director of Marketing and Admissions was asked about letters used to notify referrals. The Marketing and Admissions Director stated, "I have not used or sent out any letters since I have been doing this job. Been doing this for 7 years."
N 003 Continued From page 5

1200-13-1-.03(3)
Each facility shall send written confirmation that an applicant's name has been entered on the wait list, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules. This confirmation shall include at a minimum the date and time of entry on the wait list and shall be mailed by first class postage to the applicant and their designated representative (if any) identified pursuant to the requirements in paragraph (1) above.

This Rule is not met as evidenced by:

Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented written confirmation that an applicant's name entered on the wait list was sent, their position on the wait list, and a notification of their right of access to the wait list as provided in paragraph (8) of these rules.

The findings included:

Review of the OCRC / Linton On-Site Survey Form revealed the facility failed to maintain a waiting list that documented written confirmation that an applicant's name entered on the wait list was sent, their position on the wait list, and a notification of their right of access to the wait list.

During an interview in the conference room on 9/25/13 at 11:30 AM, the Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit..."
large everyone." The Director of Marketing and Admissions was asked about letters used to notify referrals. The Marketing and Admissions Director stated, "I have not used or sent out any letters since I have been doing this job. Been doing this for 7 years."

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 Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented applicants were admitted in chronological order.

The findings included:

Review of the OCRC / Linton On-Site Survey Form revealed the facility failed to maintain a waiting list that documented applicants were admitted in chronological.

During an interview in the conference room on 9/25/13 at 11:30 AM, the Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit everyone."
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<td>N 003</td>
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1200-13-1-08 (5)
Documentation justifying deviation from the order 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 resources; (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
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>N 003</td>
<td>Continued From page 8 first availability of a bed in the facility, consistent with paragraph (5) (b); (g) Where, with the participation and approval of the Department, 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. This Rule is not met as evidenced by: Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form 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. The findings included: Review of the OCRC/Linton On-Site Survey Form revealed the facility failed to maintain a waiting list that documented justification of deviation from the order of the wait list. During an interview in the conference room on 9/25/13 at 11:30 AM the Director of Marketing and Admissions stated, &quot;I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit everyone.&quot; 1200-13-1-08 (6) Telephone requests to be placed on the wait list shall be accepted. The information required in paragraph (1) shall be documented. This Rule is not met as evidenced by:</td>
<td>N 003</td>
<td>10-11-13</td>
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<td>09/25/2013</td>
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<td>ID</td>
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| N 003 | **Continued From page 9**<br>Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented telephone requests. <br><br>The findings included:<br><br>Review of the OCRC / Linton On-Site Survey Form revealed facility failed to maintain a waiting list that documented telephone requests.<br><br>During an interview in the conference room on 9/25/13 at 11:30 AM, the Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit everyone."<br><br>**1200-13-1-08 (7)**<br>If an applicant, whether on his or her own behalf or acting through another, requests admission or to be placed on a list of applicants awaiting admission, the information on the waiting list must be recorded and preserved.<br><br>This Rule is not met as evidenced by:<br><br>Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list that documented applicants requests for admission.<br><br>The findings included:<br><br>Review of the OCRC / Linton On-Site Survey Form revealed the facility failed to maintain a
## Division of Health Care Facilities

### Statement of Deficiencies and Plan of Correction

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### Name of Provider or Supplier: Martin Health Care

<table>
<thead>
<tr>
<th>Street Address, City, State, Zip Code</th>
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<tbody>
<tr>
<td>158 Mt Pelia Rd, Martin, TN 38237</td>
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### ID Prefix Tag: N 003

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<tr>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or Local Identifying Information)</th>
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<tbody>
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<td>N 003 Continued From page 10 waiting list that documented applicants requests for admission.</td>
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During an interview in the conference room on 9/25/13 at 11:30 AM the Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions. We have empty beds and admit everyone."

- **1200-13-1-.08 (8)**
  - Applicants (or their representative), Ombudsmen and appropriate State and Federal personnel shall have access to the wait list when requested. Such access shall include the right to review and/or copy the wait list, and to be informed by telephone of their position on the wait list.

  This Rule is not met as evidenced by:

  Based on review of the Office of Civil Rights Compliance (OCRC) / Linton On-Site Survey Form and interview, it was determined the facility failed to maintain a waiting list and ensure access to the wait list.

  The findings included:

  Review of the OCRC / Linton On-Site Survey Form revealed the facility failed to maintain a waiting list and ensure access to the wait list.

  During an interview in the conference room on 9/25/13 at 11:30 AM the Director of Marketing and Admissions stated, "I have no waiting list. I use a waiting list application form that I document our admissions, we have empty beds and admit..."
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<td>N 003</td>
<td>Continued From page 11 everyone.</td>
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| 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 Penalty #31. Tennessee Code Annotated 68-11-804(c)31: All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents. Based on the policy review, observation and interview, it was determined 1 of 8 nurses (Nurses #1) failed to ensure proper infection control practices were followed to prevent the potential spread of infections when Nurse #1 did not clean or disinfect the stethoscope before or after auscultating. The findings include: Nurse #1 will disinfect her stethoscope before and after auscultating Resident #1's bowel sounds in accordance with facility's infection control policy regarding cleaning and disinfecting non-critical, re-usable resident care items. All nursing staff will disinfect non-critical, re-usable resident care items before and after use of such items on the resident, in accordance with facility's infection control policy. Resident #132's soiled dressings will be appropriately bagged, removed from resident's room, and disposed in the biohazard room. Nurse #7 has been in-serviced regarding proper disposal of soiled dressings. All residents that require dressing changes will have their soiled dressings placed in the appropriate disposal bag, removed from the residents' room upon completion of dressing removal, and disposed in accordance with facility's infection control policy. The Staff Development Coordinator will in-service nurses and CNAs by 10/20/13 regarding provision of a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection including but not limited to the proper...
**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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**NAME OF PROVIDER OR SUPPLIER**

MARTIN HEALTH CARE

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

155 MT PELIA RD
MARTIN, TN 38237

<table>
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<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR DCF IDENTIFYING INFORMATION)</th>
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<tr>
<td>N 629</td>
<td>Continued From page 12 Review of the facility's &quot;Cleaning and Disinfecting Non-Critical Resident-Care Items&quot; policy documented, &quot;...d. Reusable items are cleaned and disinfected or sterilized between residents (stethoscopes, durable medical equipment)...&quot; Observations on the 200 hall on 9/24/13 at 9:40 AM, Nurse #1 took a stethoscope and hung it around her neck. Nurse #1 did not clean or disinfecting the stethoscope before or after auscultating for Resident #1's bowel sounds. During an interview at the nurses' station on 9/25/13 at 11:43 AM, the Director of Nursing (DON) was asked about cleaning and disinfecting reusable patient care equipment. The DON stated, &quot;I expect if it is reusable [equipment] it should be disinfected between residents...&quot;</td>
<td>N 629</td>
<td>disinfecting of re-usable, non-critical equipment before and after each resident use, as well as proper disposal and removal of soiled dressings from resident rooms in accordance with facility's infection control policy. This plan will be monitored by the nurse managers five times per week for one week, two times per week for one week, one time per week for four weeks, then as needed. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of noncompliance exist. The Director of Nursing will immediately implement any new plan of action recommended. The Administrator will monitor new recommendations monthly to ensure recommendations are being followed.</td>
<td>10-20-13</td>
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<tr>
<td>N 645</td>
<td>1200-8-6-.06(3)(k) Basic Services (3) Infection Control. (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. This Rule is not met as evidenced by: Type C Pending Penalty #19 Tennessee Code Annotated 68-11-804(c)(19): The nursing home shall be clean and sanitary and in good repair at all times.</td>
<td>N 645</td>
<td>10-18-13</td>
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Based on policy review, review of September 2013 deep cleaning schedule, observation and interview, it was determined the facility failed to ensure the environment was clean and sanitary as evidenced by a dirt build-up in the corners throughout the hallway and the doorway entrances to resident rooms, dripping faucets, stained sinks, dirty toilet tanks, dirty faucets, chipped, splintered and scratched doors, dirty overbed tables, dirty floors, dirt build-up around baseboards and debris on the floors on 2 of 5 (200 and 300 hallways) hallways.

The findings included:

1. Review of facility's "5-Step daily Patient Room Cleaning" policy documented, "...To show Housekeeping employees the proper cleaning method to sanitize a patient's room or any area in a healthcare facility... 2. Horizontal Surfaces - disinfected... Sanitize all horizontal surfaces... work clockwise around the room hitting all surfaces, Tabletops, headboards, window sills, chairs should all be done... 4. Dust Mop... the entire floor must be dust mopped - especially behind dressers and beds... Move all furniture to dust mop All corners and along all baseboards must be dust mopped to prevent build-up. When water pushes dust into corners, problems occur... 5. Damp Mop... The most important area of a patient's room to disinfect is the floor. This is where most air-borne bacteria will settle and so it needs to be sanitized daily."  

Review of the facility's "7-Step Daily Washroom Cleaning" policy documented, "...4. Clean and Sanitize sink and Tub... Use Germicide to clean the sink to be sure it is disinfected. You may use glass cleaner on the faucets to shine them AFTER germicide has been used... 5. Clean and
N 645 Continued From page 14

Sanitize commode- The commode includes the tank, the seat, the bowl and the base... wipe every area of the commode..."

2. Review of the September 2013 deep cleaning schedule documented room 303 was scheduled for deep cleaning on 9/25/13.

3. Observations on the 200 hall on 9/24/13 beginning at 7:40 AM revealed the following:
   a. A buildup of dirt in the corners throughout the hallway and the doorway entrances to rooms 203, 204, 206, 210, 212, 213 and 214.
   b. Room 204 - drippy faucet and the sink was stained with green and yellow substance.
   c. Room 206 - dirty toilet tank lid with a grayish buildup and the sink faucet handle bases had a brown substance buildup on them.
   d. Room 212 - dirty toilet tank lid with a grayish buildup.

Observations on the 200 hall on 9/25/13 beginning at 7:30 AM revealed the following:
   a. A buildup of dirt in the corners throughout hallway and the doorway entrances to rooms 203, 204, 206, 210, 212, 213 and 214.
   b. The entrance doors to rooms 203, 204, 206 and 210 were chipped, splintered and scratched.

4. Observations on the 300 hall on 9/23/13 beginning at 11:00 AM revealed the following:
   a. Room 303 - overbed table was dirty with crumbs, the door to the room was nicked and splintered, the floor was littered, a buildup of dirt around the baseboards, the bathroom sink was dirty and dull, the bathroom floor was dirty with debris behind the toilet and buildup around baseboards.
   b. Room 315 - bathroom floor had debris on it and the faucet was dripping water.

The commode tank lids in all resident bathrooms were inspected for cleanliness and cleaned as required. Room 206 resident bathroom sink faucet hand base was cleaned on 10/4/13.

All resident bathroom sink faucet bases were inspected for cleanliness & cleaned as required.

A quote for replacement doors for rooms 203, 204, 206, 303, and 210 was received on 10/7/13 and submitted to our corporate office for financial approval on 10/8/13. Installation of replacement doors will occur immediately upon approval and procurement of the doors.

Room 303 overbed table was cleaned on 10/3/13.

All overbed tables will be cleaned regularly per the 7-Step Daily Washroom Cleaning schedule.

Rooms 303, 307, and 311 floor debris has been removed from the rooms.

All resident room floor debris will be removed regularly per the 7-Step Daily Washroom Cleaning schedule.
**Division of Health Care Facilities**

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<td>N 645</td>
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<td>Buildup of dirt in baseboards of resident rooms and bathrooms will be corrected by stripping &amp; waxing by the following schedule: 303 on 10/8/13, 307 on 10/9/13, 311 on 10/10/13, and 315 on 10/11/13. Baseboards in all resident rooms and bathrooms will be inspected for the need of stripping &amp; waxing by 10/18/13. The housekeeping staff will be inserviced on the 7-Step Daily Washroom Cleaning by 10/11/13 to include but not limited to appropriate methods of cleaning floors, bathrooms, sinks, and overbed tables. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of noncompliance exist. The housekeeping supervisor will immediately implement any new plan of action recommended. The</td>
<td>10-28-13</td>
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</tbody>
</table>

**continued from page 15**

During an interview in room 303 on 9/23/13 at 11:00 AM, a resident stated, "Not been cleaned, they don't clean good."

Observations on the 300 hall on 9/24/13 at 7:40 AM revealed the following:
- a. Room 303 - overbed table was dirty with crumbs, the door to the room was nicked and splintered, the floor was littered, a buildup of dirt around the baseboards, the bathroom sink was dirty and dull, the bathroom floor was dirty with debris behind the toilet and buildup around baseboards.
- b. Room 307 - a buildup of dirt around the baseboards in the room and bathroom, the floor was dirty and littered with debris and water was dripping from the faucet.
- c. Room 311 - floor littered, the bathroom floor was dirty with debris and a buildup of dirt around the baseboards.
- d. Room 315 - a buildup of dirt around the baseboards in the room and bathroom and the faucet was dripping water.

Observations on the 300 hall on 9/25/13 beginning at 7:45 AM revealed the following:
- a. Room 303 - a buildup of dirt around the baseboards, the bathroom sink remained dull and the bathroom floor had debris behind the commode.
- b. Room 307 - water dripping from the bathroom faucet a buildup of dirt around the baseboards in the room and bathroom.
- c. Room 311 - a dirt buildup around the baseboards in the bathroom.

Observations on the 300 hall on 9/25/13 at 1:45 PM revealed the following:
- a. Room 303 - buildup of dirt around the...
**N 645** Continued From page 16

baseboards in the room and bathroom and the sink remained dull in color.

During an interview in room 303 on 9/25/13 at 1:45 PM, a resident confirmed housekeeping had cleaned the room earlier today.

During an interview in the conference room on 9/25/13 at 8:45 AM, the Housekeeping Supervisor stated, "I have full staff 7 days a week...3 housekeepers and a floor technician work 7AM until 3PM...we have a routine cleaning list and a deep cleaning list...they have rooms assigned daily to do deep cleaning."

**N 767** 1200-8-6-06(9)(l) 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.

Administrator will monitor new recommendations monthly to ensure recommendations are being followed.

**N 645**

The tubing attached to the juice boxes were cleaned 10/10/13. These tubes are not currently in use.

The juice machine will be serviced by Thomas Beverage every six months.

The black substance and the top edge of the flap in the ice machine was cleaned on 10/7/13.

The pink substance will be cleaned and the screws replaced by 10/11/13.

The ice machine will be cleaned weekly.

The air vent in the storage room was removed and cleaned on 10/8/13.

The spice containers were fitted for appropriately fitting lids and relocated to another location in the storage room on 9/25/13.
### Summary of Deficiencies

Based on policy review, observation and interview, it was determined the facility failed to ensure food was prepared, stored and served under sanitary conditions as evidenced by dirty kitchen equipment, dirty air vent in the dry storage area, dirty floor, dirty ice machine, hair not being completely covered and improper storage of opened food and beverage containers during 3 of 3 (9/23/13, 9/24/13 and 9/25/13) days of the survey.

The findings included:

1. Review of the facility's "Food Service Manual... Equipment Cleaning Schedules" policy documented, "...It is the policy of this facility to assign cleaning schedules on a daily, weekly and monthly basis... Oven... Weekly... Grill... After each use... Floor... After each meal..."

2. Review of the facility's "Food Service Manual... Space and Equipment" policy documented, "...Sanitary and secure conditions will be used in the storage of food and non-food items... Working surfaces, utensils, and equipment will be cleansed and sanitized after each period of use... Lighting, ventilation, and humidity will be controlled to prevent moisture condensation and the growth of molds... Methods used in making, storing and dispensing ice will prevent contamination..."

3. Review of the facility's "Food Service Manual... Safety and Sanitation" policy documented, "...Keep floor clean and dry..."

4. Review of the facility's "Food Service Manual... Employee Sanitary Practices" policy documented, "...Clean and sanitize equipment and work units after use..."

### Plan of Correction

- **All containers are covered with appropriately fitting lids.**
- **The floor under the fryer, stove, and oven will be cleaned by 10/16/13.**
- **The floor beneath the fryer, stove, and oven will be cleaned daily.**
- **The stove, oven, and fryer will be cleaned by 10/16/13.**
- **The stove, oven, and fryer will be cleaned after every use and deep cleaned weekly.**
- **Personal items were removed from the refrigerator were removed 9/25/13.**
- **Items located in the refrigerator for resident consumption were dated 9/25/13.**
- **Items in the refrigerator for resident consumption will be appropriately dated daily.**
- **Dietary staff is completely covering hair with proper hairnets.**
- **Dietary staff, CDM, and RD will be in-serviced on the proper storage, preparation, distribution, and service of food under sanitary conditions including but not limited to properly cleaning juice tubing, cleaning the ice machine, properly fitting lids on containers in the storage room, cleaning the fryer, stove, and oven,**
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/Clinical Identification Number:</th>
<th>(X2) Multiple Construction Participation Code:</th>
<th>(X3) Date Survey Completed:</th>
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<tbody>
<tr>
<td>TN9203</td>
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<td>09/25/2013</td>
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</tbody>
</table>

#### Name of Provider or Supplier

**Martin Health Care**

**158 Mt Pelia Rd**

**Martin, TN 38237**

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>(X5) ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)</th>
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<tbody>
<tr>
<td>N767</td>
<td>N767</td>
<td>- Proper cleaning of the floor beneath the fryer, stove, and oven. improper storage of personal items in the refrigerator, properly dated items for resident consumption, and properly covering all hair with a hairnet by 10/20/13.</td>
</tr>
</tbody>
</table>

- Review of the facility's "Food Service Manual... Dry Storage" policy documented, "...The floors, walls, shelves and equipment in the storeroom will be kept clean and in good repair... Ceilings will be constructed in such a manner as to protect the food from leaking pipes, heat and contamination..."

- Review of the facility's "Food Service Manual... Cupboard Storage Chart" documented, "...Spices and Herbs... Store in airtight containers in a dry place away from sunlight and heat..."

- Review of the facility's "Food Service Manual... Refrigerated Storage" policy documented, "...All foods will be properly... stored in sealed containers and dated and labeled..."

2. Observations in the kitchen on 9/23/13 beginning at 9:43 AM revealed the following:
   - Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts.
   - A black substance in the ice machine on the bottom corner and along the top edge of the plastic flap hanging over ice and a pink substance around two screws under plastic flap hanging over the ice.
   - Spice containers were stored on a shelf directly under an air vent that was dirty with a black substance and four spice containers were stored with the tops open in the dry storage area.
   - The floor under the fryer, stove and oven was dirty with black substance.
   - The oven was dirty with brown and black substance on the glass and surrounding area. The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap, and a fuzzy...
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETE DATE</th>
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</thead>
<tbody>
<tr>
<td>N 767</td>
<td>Continued From page 19 brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.</td>
<td>10-25-13</td>
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<td>During an interview in the kitchen on 9/23/13 at 9:43 AM, the Certified Dietary Manager (CDM) was asked what was on the tubing connected to the 3 large boxes of juice on a rolling cart between the front cooler and the ice machine. The CDM stated, &quot;...they're dirty... they need new lines...it's not acceptable...&quot; The CDM was asked what the black and pink substances on the plastic flap in ice machine was. The CDM stated, &quot;...it's dirt or something... it should not be there.&quot; The CDM was asked what the dirty black substance was on the air vent. The CDM stated, &quot;...it's built up... dirt...&quot; The CDM was asked if the tops opened on the spices under the air vent were acceptable. The CDM stated, &quot;No, it's not... they shouldn't be open...&quot; The CDM was asked what was on the floor under the fryer, stove and oven and how often they are cleaned. The CDM stated, &quot;...dirt... they are supposed to mop them every night... doesn't look like it was done...&quot; The CDM was asked what was on the oven and other kitchen equipment. The CDM stated, &quot;...food and guck and everything else...&quot; The CDM was asked about the cleaning schedule for the dirty equipment. The CDM stated, &quot;...I'm new here... I don't know what the schedule has been...&quot;</td>
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<td>3. Observations in the kitchen on 9/24/13 at 4:53 PM, revealed the following: a. Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts. b. The floor under the fryer, stove and oven was dirty with a black substance. c. The oven was dirty with a brown and black substance on the glass and surrounding area.</td>
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Division of Health Care Facilities
STATE FORM 6999 N5QT11

If continuation sheet 20 of 26
N 767 Continued From page 20

The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap and a fuzzy brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.

c. Spice containers were stored on a shelf directly under an air vent that was dirty with a black substance in the dry storage area.

d. An open and partially consumed "Ice" drink bottle in the back refrigerator.

During an interview in the kitchen on 9/24/13 at 4:53 PM, the CDM was asked if it was appropriate to store a used drink bottle with no open date in the kitchen refrigerator. The CDM stated, "No, absolutely not. I don't know who put that in there...."

4. Observations in the kitchen on 9/25/13 beginning at 11:30 AM, revealed the following:

a. Three large boxes of juice on a rolling cart between the front cooler and the ice machine with dirty tubing connected to the spouts.

b. Spice containers were stored on a shelf directly under an air vent that was dirty with a black substance in the dry storage area.

c. The floor under the fryer, stove and oven was dirty with black substance.

d. The oven was dirty with brown and black substance on the glass and surrounding area.

The stove was dirty with brown and black carbon build-up along the back panel, dark brown and black substance in the grease trap, and a fuzzy brown substance surrounding the control knobs. The fryer was dirty with brown greasy substance on the top and the front.

During an interview in the CDM office on 9/25/13 at 11:32 AM, the CDM was asked about the
### Division of Health Care Facilities

#### Statement of Deficiencies and Plan of Correction

**TN9203**

**Name of Provider or Supplier:** MARTIN HEALTH CARE  
**Street Address, City, State, Zip Code:** 158 MT PELIA RD, MARTIN, TN 38237

**Date Survey Completed:** 09/25/2013

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Summary of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSIC Identifying Information)</th>
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<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency)</th>
<th>Complete Date</th>
</tr>
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</table>
| N767 | Continued From page 21  
condition of the kitchen. The CDM stated, "I haven't been here long. It's not good and I know it. She [Registered Dietitian] has got documentation after documentation about the kitchen being dirty..."  
5. Review of the facility's "Food Service Manual... Safety and Sanitation" policy documented, "...All dietary services personnel will wear harnets or caps, or utilize appropriate hair restraints as designated by state law..."  
Review of he facility's "Food Service Manual... Employee Sanitary Practices" policy documented, "...Wear harnets or restraints..."  
Observations in the kitchen on 9/23/13 at 9:43 AM revealed the following:  
a. The CDM entered kitchen with pieces of hair not covered by a harnet.  
Observations in the kitchen on 9/24/13 at 4:53 PM revealed the following:  
a. The Registered Dietitian entered the kitchen with the front of her hair not covered by a harnet.  
b. The CDM entered kitchen with pieces of hair not covered by a harnet.  
During an interview in the kitchen on 9/24/13 at 4:53 PM, the CDM was asked if it was acceptable for staff to enter the kitchen without all of their hair being covered. The CDM stated, "No, all hair should be covered in the kitchen." | N767 | | | 10/25/13 |

N1227 1200-8-6-.12(1)(y) Resident Rights

(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and...
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<tr>
<td>N1227</td>
<td>Continued From page 22</td>
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<td>N1227</td>
<td></td>
<td>10/25/13</td>
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</tbody>
</table>

**Resident #70 will be placed at a dining table that is easily accessible for her height during meal time.**

All residents will be placed at dining tables that are easily accessible for their height during meal times.

All residents will be provided milk in a glass and not a carton during meals unless that is a care planned resident preference, in accordance with the facility's fine dining program. Nurse #1, Nurse #8, and CNA #1 will be seated while assisting residents with meals.

All nurses and CNAs will be seated while assisting a resident with their meals. Resident #57 will receive ordered medication, treatment, and/or care after privacy is provided by closing resident's door, pulling resident's privacy curtain, and closing resident's blinds.

All residents will receive ordered medications, treatments, and/or care after privacy is provided by closing residents' doors, pulling residents' privacy curtains, and closing residents' blinds.

Nurse #1, Nurse #2, Nurse #8, and CNA #1 have been in-serviced regarding
Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| (X1) PROVIDER/ SUPPLIER/ CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION
| A. BUILDING: | B. WING: | (X3) DATE SURVEY COMPLETED |
| TN9203 | | 09/25/2013 |

NAME OF PROVIDER OR SUPPLIER

MARTIN HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

168 MT PELIA RD

MARTIN, TN 38237

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) |
| N1227 | Continued From page 23 observations: Nurse #1, Nurse #8 and Certified Nursing Assistant (CNA) #1 stood to feed residents during 3 of 3 (Lunch on 9/23/13, Breakfast on 9/24/13 and Supper on 9/24/13) dining observations and Nurse #2 did not close the door or pull the curtain when administering insulin to Resident #57, who received an insulin injection in the abdomen. The findings included: |
| | 1. Observations of the lunch meal, in the main dining room, on 9/23/13 at 12:25 PM, revealed Resident #70 was sitting too low for the table height and had to hold her arms up to reach the plate on the table. During an interview in the dining room on 9/23/13 at 12:35 PM, Resident #70 was asked if she was in a comfortable position to eat. Resident #70 stated, "The table is a little too high. They told me they don't have a shorter table..." During an interview in the conference room on 9/25/13 at 3:13 PM, the Director of Nursing (DON) was asked why Resident #70 was placed at a table that was too tall for her to reach easily. The DON stated, "I don't know. We have shorter tables." The DON was asked if this was a dignity issue. The DON stated, "Yes." |
| | 2. Review of the facility's "Components of Fine Dining" policy documented, "...meals... served attractively..." |
| | Observations of the breakfast meal, in the dining area in the locked unit, on 9/24/13 at 8:30 AM, revealed all residents were served milk in milk cartons. |

| N1227 | provision and enhancement of resident's dignity and privacy. All nursing staff will be in-serviced by the Staff Development Coordinator by 10/25/13 on promoting care for residents in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality including but not limited to being seated at dining tables that are easily accessible for the resident, providing milk in a glass as opposed to a carton, ensuring staff are seated while assisting resident with meals, and ensuring staff provide the resident with privacy during medication, treatment, or general care administration. This plan will be monitored by nurse managers five times per week for one week, two times a week for one week, once per week for four weeks, and then as needed thereafter. This plan of correction will be reviewed and followed in the monthly CQI meeting. The CQI Committee is comprised of the Medical Director, Administrator, Pharmacy consultant, and all department managers. The CQI committee will make recommendations and develop a plan of action if areas of |
| | 10/25/13 |

Division of Health Care Facilities

N5QT11

If continuation sheet 24 of 26
**Continued From page 24**

Observations of the supper meal, in the main dining room, on 9/24/13 at 5:11 PM, revealed one resident was drinking milk from a straw in a milk carton.

Observations of the supper meal, in the dining area in the locked unit, on 9/24/13 at 5:35 PM, revealed 6 of 17 residents were served milk in milk cartons.

During an interview in the Certified Dietary Manager's (CDM) office on 9/25/13 at 11:32 AM, the CDM was asked if serving milk in milk cartons was appropriate. The CDM stated, "In the dining room no...it should be in a glass because it's fine dining..."

3. Review of the facility's "Feeding a Resident" policy documented, "...Sit down to feed the resident..."

Observations of the lunch meal, in room 203, on 9/23/13 at 12:21 PM and on 9/24/13 at 8:00 AM, Nurse #1 stood beside the bed feeding a resident.

Observations of the supper meal from the 200 hall, on 9/24/13 at 5:20 PM, CNA #1 stood beside the bed feeding a resident their supper meal.

Observations of the supper meal, in room 209, on 9/24/13 at 5:22 PM, Nurse #8 stood beside the bed feeding a resident their supper meal.

During an interview outside of the Administrator's office on 9/15/13 at 10:20 AM, the DON was asked what would she expect her staff to do when feeding a resident. The DON stated, "...sitting, engage the resident in conversation...hand hygiene..."

 nor compliance exist. The Director of Nursing, or designee, will immediately implement any new plan of action recommended. The Administrator will monitor new recommendations monthly to ensure compliance.
4. Review of the facility's "Dignity" policy documented, "...2. Close door and pull privacy curtain when giving care..."

Observations in the Resident #57's room on 9/24/13 at 12:53 PM, Nurse #2 entered Resident #57's room, administered insulin into Resident #57's abdomen without closing door or pulling the curtain. Resident #57's abdomen was exposed to anyone that walked by.

During an interview at the nurses' station on 9/25/13 at 11:43 AM, the DON was asked what she expected of her nurses regarding privacy during medication pass. The DON stated, "I expect [nurses] them to pull curtain, close blinds, close door."