<table>
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<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>F 221</td>
<td>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RERAINTS</td>
<td>F 221</td>
<td>F 221 Right to be Free from Physical Restraints</td>
<td>10/10/10</td>
</tr>
<tr>
<td>SS-D</td>
<td>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</td>
<td></td>
<td>1. Resident restraint form was updated and new consent was obtained from family.</td>
<td>10/14/10</td>
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<tr>
<td></td>
<td>This REQUIREMENT is not met as evidenced by:</td>
<td></td>
<td>Trial restraint reduction was attempted for Resident #14</td>
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<td></td>
<td>Based on medical record review, observation, and interview, the facility failed to obtain a restriction specific consent and failed to attempt restraint reduction for one resident (#14) of twenty residents reviewed.</td>
<td></td>
<td>2. All residents with restraints have the potential to be affected.</td>
<td>11/26/10</td>
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<td></td>
<td>The findings included:</td>
<td></td>
<td>3. Restraint consent form to be revised to include all potential negative outcomes from restraint use and the specific device.</td>
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<td></td>
<td>Resident #14 was admitted to the facility on June 10, 2009, with diagnoses including Arteriosclerotic Cardiovascular Mental Status Change, Alzheimer's Dementia, Hypertension and History of Transient Ischemic Attacks (Mini-Strokes).</td>
<td></td>
<td>4. MDS coordinator will review restraint usage and consent forms quarterly and as needed.</td>
<td>11/26/10</td>
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<tr>
<td></td>
<td>Medical record review of the Physician's Recapitulation Orders dated October 2010, revealed &quot;...Lap belt when up in wheelchair for personal safety. Check every 30 minutes. Release and reapply every 2 hours.&quot;</td>
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<td>Medical record review of the resident's Acknowledgement of Facility Restraint Policy and Consent to Restrain if Required form dated June 10, 2009, revealed the consent was not device specific and did not list inclusion of all potential negative outcomes due to restraint use, such as strangulation and entrapment.</td>
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</table>
**F 221** Continued From page 1

Medical record review of the resident's Restraint Use Questionnaire revealed, "...Instructions: dates evaluated by whom and with efforts to eliminate...during the course of restraint use... (from implementation to complete reduction)..."

Continued record review revealed, "July 15, 2009: still needs lap belt when up in w/c (wheelchair)...October 20, 2009: no problem with use of lap belt when up in w/c...January 19, 2010: continue with lap belt when up in w/c...April 19, 2010: continue with lap belt when up in w/c...July 14, 2010: still needs lap belt when up in w/c..."

Observation on October 11, 2010, at 2:30 p.m. and 4:00 p.m., in the resident’s room, revealed the resident sitting in a wheelchair with a dirty and stained lap belt restraint in place.

Interview with the Minimum Data Set Coordinator (MDS Coordinator) on October 11, 2010, at 4:25 p.m., at the 2 North Nursing Station, confirmed the facility failed to obtain a device specific consent and disclose all potential negative outcomes due to the use of the lap belt.

Continued interview confirmed the facility failed to attempt a restraint reduction and/or elimination for the resident.

**F 241** 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced by:

- Based on medical record review, observation,
ST MARY'S HEALTH & REHAB CENTER

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<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
</table>

| 241    | Continued From page 2 and interview, the facility failed to promote care in a manner and in an environment that maintained or enhanced each resident's dignity for one resident (#14) of twenty residents reviewed. The findings included:
Resident #14 was admitted to the facility on June 10, 2009, with diagnoses including Arteriosclerotic Cardiovascular Mental Status Change, Alzheimer's Dementia, Hypertension and History of Transient Ischemic Attacks (Mini-Stroke).
Medical record review of the Physician's Recapitulation Orders dated October 2010, revealed "...Lap belt when up in wheelchair for personal safety. Check every 30 minutes. Release and reapply every 2 hours..."
Observation on October 11, 2010, at 2:30 p.m. and 4:00 p.m., in the resident's room, revealed the resident sitting in a wheelchair with a dirty and stained lap belt restraint in place. Continued observation on October 12, 2010, at 9:10 a.m., in the resident's room, revealed the resident sitting in a wheelchair with a dirty and stained lap belt restraint in place.
Observation and interview on October 12, 2010, at 9:15 a.m., in the hallway outside the resident's room, with Registered Nurse (RN) #1 confirmed, "This resident is very particular about clothing worn being clean and color-coordinated...has several colored sleeve covers that slide over the lap belt restraint and likes to wear the sleeves to match clothing colors."

<table>
<thead>
<tr>
<th>F 241</th>
<th>Dignity and Respect of Individuality</th>
</tr>
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</table>

1. Lap belt was cleaned. 10/14/10
Further interview with resident revealed that she likes the blue color for the lap belt.
2. All residents with lap belts have the potential to be affected.
3. Staff will be in-serviced that lap belts must remain clean. 11/26/10
4. MDS Coordinator will check quarterly to ensure lap belts are clean.

Supervisory staff will periodically observe residents with lap belts to ensure cleanliness.

If continuation sheet Page 3 of 15
### F 241 Continued From page 3
- Color-coordinated restraint sleeve.

### F 242 483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES

The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.

This REQUIREMENT is not met as evidenced by:

- Based on medical record review, observation, and interview, the facility failed to ensure dietary choices were made available for one resident (#10) of twenty residents reviewed.

The findings included:

- Resident #10 was admitted to the facility on September 9, 2008, with diagnoses including Diabetes, Hypothyroidism, and Blindness.

Review of the Minimum Data Set dated September 1, 2010, revealed the resident had short term memory problems with moderately impaired cognitive skills, and required assistance with all activities of daily living.

Medical record review of a Progress Note written by the Registered Dietitian, dated September 17, 2010, revealed, "...Lost 8 lbs. (pounds) this month...Pt. (patient) states, "I'm not much hungry."...will offer the supplement Enlive (high calorie nutritional supplement) if pt request it."
## Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>[X1] Provider/Supplier/Client Identification Number:</th>
<th>[X2] Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>445115</td>
<td>A. Building</td>
</tr>
<tr>
<td></td>
<td>B. Wing</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier:**

**ST MARY'S HEALTH & REHAB CENTER**

**Street Address, City, State, Zip Code:**

200 TORREY ROAD
LAFAOLLETTE, TN 37766

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### F 242

**Summary Statement of Deficiencies**

(Tags: Each deficiency must be preceded by full regulatory or LSC identifying information)

**ID Tag:** F 242

**Description:**

Continued From page 4

Observation of the resident's tray on October 11, 2010, at 8:15 a.m., 1:30 p.m., revealed Enlive not on the food tray.

Interview with the Dietary Aide on October 12, 2010, at 11:00 a.m., confirmed the food menu was read to the resident each day to obtain the resident's preference of food. Continued interview confirmed Enlive was not offered to the resident by the Dietary Aide.

Interview with the resident, in the resident's room, on October 12, 2010, at 11:30 a.m., confirmed the resident was unaware the Enlive could be requested. "I just love it" the resident stated.

**Requirement:**

483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES

A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to ensure the call system was modified to ensure one resident (#10) had a method to alert staff of needs of twenty residents reviewed.

The findings included:

Resident #10 was admitted to the facility on September 9, 2008, with diagnoses including:

---

### F 246

**ID Tag:** F 246

**Description:**

Reasonable Accommodation of Needs/Preferences

1. Resident was issued hand-held audible call bell; 10/12/10
2. All visually impaired residents have the potential to be affected.
3. Hand-held audible call bell will be attached to resident’s over-bed table to use when resident needs assistance. 11/26/10
4. Visually impaired residents will be assessed during quarterly leadership rounds for appropriate use of call bell and upon admission. 11/26/10
Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC 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>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 246</td>
<td>Continued From page 5 Diabetes, Hypothyroidism, and Blindness. Review of the Minimum Data Set dated September 1, 2010, revealed the resident had short term memory problems with moderately impaired cognitive skills, and required assistance with all activities of daily living. Interview with the resident, in the resident's room on October 11, 2010, at 8:15 a.m., the resident stated, &quot;I have to wait a long time for help sometimes, but I'm not sure I'm hitting the right button on the call light ...I did have a bell but they took it.&quot; Observation at that time revealed the facility had placed tape on the call button for the resident to feel in order to use the right button. Interview with CNA #1 (the resident's certified nursing assistant) in the hallway, on October 11, 2010, at 8:30 a.m., confirmed the resident would at times push a button on the resident's portable telephone thinking she was pushing the nursing call light. Interview further revealed the resident would knock on the bedside table to draw attention or call out for help when she could not find the call light or when she had waited a long time for help. Interview with CNA #2 (the resident's certified nursing assistant) in the hallway, on October 12, 2010, at 8:00 a.m., confirmed the resident would push buttons on the resident's phone when trying to use the call light. Interview with Licensed Practical Nurse (LPN) #4, in the hallway, on October 12, 2010, at 10:00 a.m., confirmed the LPN was aware the resident at times would push the buttons on the phone instead of the call light.</td>
<td>F 246</td>
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<tr>
<td>ID PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<tr>
<td>F 280</td>
<td>SS-D</td>
<td>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</td>
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The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, the facility failed to invite one (#20) to the care plan meeting of twenty residents reviewed.

The findings included:

Resident #20 was admitted to the facility on May 21, 2007, with diagnoses including Malignant Neoplasm of the Breast, Hypothyroidism, and Pernicious Anemia.

Medical record review of the Minimum Data Set dated September 16, 2010, revealed the resident...
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>445115</th>
</tr>
</thead>
</table>

**ST MARY'S HEALTH & REHAB CENTER**

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

290 TORREY ROAD
LAFOLLETTE, TN 37766

<table>
<thead>
<tr>
<th>(K2) DATE SURVEY COMPLETED</th>
<th>10/12/2010</th>
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<tr>
<th>(X1) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LTC IDENTIFYING INFORMATION)</th>
<th>(X2) DATE SURVEY COMPLETED</th>
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<tbody>
<tr>
<td>F 280</td>
<td>Continued From page 7 had difficulty with decision making in new situations only. Medical record review revealed a quarterly review of the Plan of Care was completed on September 16, 2010. Continued medical record review revealed no documentation resident #20 was invited or had attended the Plan of Care meeting. Interview on October 12, 2010, at 7:50 a.m., with the resident, in the resident's room, revealed the resident had not been invited to attend or participate in the Plan of Care meeting. Continued interview with the resident revealed the resident would like to attend or participate in the Plan of Care meeting. Interview on October 12, 2010, at 8:20 a.m., with the Care Plan Coordinator, in the nursing station, revealed the resident had been invited to attend a Plan of Care meeting sometime in the past (date unknown). Continued interview confirmed the resident had not been invited to attend the Plan of Care meeting on September 16, 2010.</td>
<td></td>
</tr>
<tr>
<td>F 281</td>
<td>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure TED hose (Thrombo Embolic Deterrent-tight, thick, elastic stockings that go on the legs and are used as a preventative measure to reduce the occurrence of blood clots in the legs) were in</td>
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<td>SS=D</td>
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Continued From page 8

place as ordered by the physician for one resident (#14) of twenty residents reviewed.

The findings included:

Resident #14 was admitted to the facility on June 10, 2009, with diagnoses including Arteriosclerotic Cardiovascular Mental Status Change, Alzheimer's Dementia, Hypertension and History of Transient Ischemic Attacks (Mini--strokes).

Medical record review of the Physician's Recapitulation Orders dated October 2010, revealed "...TED Hose when out of bed. Remove at bedtime..."

Medical record review of the Care Plan dated June 15, 2010, revealed, "...encourage pt (patient to wear TED hose..."

Medical record review of the Certified Nursing Assistant (CNA) Care Plan Worksheet (no date) revealed "...TED hose on when in chair or w/c (wheelchair)..."

Observation on October 11, 2010, at 2:30 p.m. and 4:00 p.m., in the resident's room, revealed the resident sitting in a wheelchair wearing ankle length, fuzzy socks, without TED hose on.

Continued observation on October 12, 2010, at 9:10 a.m., in the resident's room, revealed the resident sitting in a wheelchair wearing ankle length, fuzzy socks, without TED hose on.

Interview with Licensed Practical Nurse (LPN) #2 on October 12, 2010, at 10:35 a.m., in the resident's room, confirmed the facility failed to put TED hose on when not in bed.
Continued From page 9
the TED hose on the resident.

Interview on October 12, 2010, at 10:40 a.m., at
the 2 North Nursing Station, Certified Nursing
Assistant (CNA) #3 confirmed the CNA got the
resident up and did not attempt to put the TED
hose on the resident.

The facility must 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.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, observation,
and interview, the facility failed to ensure a safety
device was in place for one (#8) of twenty
residents reviewed.

The findings included:

Resident #8 was admitted to the facility on May
10, 2010, with diagnoses including
Cerebrovascular Accident, Alzheimer's Disease,
and Osteoporosis.

Medical record review of the Minimum Data Set
dated August 19, 2010, revealed the resident had
short and long term memory deficits, moderately
impaired cognitive skills, required extensive
assistance with transfers, and did not walk.

F 323 Free of Accident
Hazard/Supervision/Devices

1. Clip alarm was attached.
2. All residents with safety devices have the potential to be affected.
3. Staff will be in-serviced regarding the use of safety devices.

List of residents utilizing safety devices will be posted at the nurse's
station.

Safety devices will be listed on the
staff communication worksheet.

4. Licensed personnel on duty will
observe to ensure that residents are
properly using safety devices as
indicated by the plan of care.
F 323 Continued From page 10

Medical record review of the Plan of Care dated August 19, 2010, revealed "...Risk for falls...due to weakness &...confusion...Clip alarm for personal safety when in bed."

Observation on October 10, 2010, at 9:55 a.m., revealed the resident lying on the bed and the clip alarm was not attached to the resident.

Observation and interview on October 10, 2010, at 10:00 a.m., with Licensed Practical Nurse (LPN) #1 revealed the resident lying on the bed, and confirmed the clip alarm was not attached to the resident.

F 371 483.35(1) FOOD PRODUCE, STORE/PREPARE/SERVE - SANITARY

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:
Based on observations, review of facility policies and procedures, and interview, the facility failed to ensure food was stored, prepared, served and distributed under sanitary conditions and failed to ensure the trayline hot food temperatures were maintained at temperatures equal to or greater than 140 degrees Fahrenheit (F) and cold food temperatures were maintained at temperatures equal to or less than 41 degrees Fahrenheit (F).

1. Soap dispenser was filled.
   Expired/unlabeled foods were disposed of.

2. Light covers were cleaned and dead insects were removed
   Ice machine was cleaned and brownish-black substance was removed
   Dish warmers, plate charger base cart, and section of wall behind tray line were cleaned.
   Potatoes were heated to appropriate level and turkey was discarded.

2. All residents have the potential to be affected.
The finding included:

Observation of the kitchen with the Food Services Director on October 10, 2010, at 9:15 a.m., revealed the following:
1. One of two soap dispensers was empty.
2. The walk-in cooler with one-half gallon of yogurt, expired October 2, 2010; one-half gallon of cottage cheese, expired October 2, 2010, a tray with four disposable plates containing pastries and fruit, without a label or date of preparation and/or expiration.
3. The freezer with one gallon of bread pudding, expired September 9, 2010; two three-pound bags of frozen broccoli, expired October 1, 2010.
4. Two light covers directly over the food prep areas contained greater than one dozen dead insects.
5. The ice machine with a brownish-black substance on the inside of the lid.

Review of facility Dietary Policies and Procedures revealed,"...Food and Supply Storage Procedures...Policies: All food, non-food items and supplies used in food preparation shall be stored in such a manner as to maintain the safety and wholesomeness of the food for human consumption...Procedures: The "use-by" date (expiration date) is the last date that a food can be consumed...Foods past the "use-by" date should be discarded...Cover, label and date unused portions and open packages...

Interview with the Food Services Director in the kitchen on October 10, 2010, at 9:50 a.m., confirmed the facility failed to ensure: the empty soap dispenser was refilled; the expired yogurt,

<table>
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<th>PREMISE</th>
<th>TAG</th>
<th>DAYS</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 371</td>
<td>Continued From page 11</td>
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<td>3.</td>
<td>11/26/10</td>
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<td>Evening dietary aide will check soap dispenser and fill if needed daily.</td>
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<td>Staff will be in-serviced on disposal of expired foods.</td>
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<td>Night Engineering associate will check light covers monthly to ensure cleanliness.</td>
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<td>Retail staff will clean and sanitize ice machine lid daily.</td>
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<td>Staff will be in-serviced to perform routine cleaning on each piece of equipment and walls.</td>
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<td>Temperature of foods will be taken at completion of cooking and point of service.</td>
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<td>Any deviant food temperatures will be corrected or discarded before item is served.</td>
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<td>F 371</td>
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<td>cottage cheese, bread pudding and broccoli was disposed of on or before the expiration date; the disposable plates containing pastries and fruit were labeled and dated; the removal of dead insects from light fixtures; and the ice machine was sanitary.</td>
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<tr>
<td>Observation of the kitchen on October 11, 2010, at 9:30 a.m., revealed the following:</td>
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<tr>
<td>1. Two of two dish warmers with grease build-up and with food splatter and spillage (bacon, dried eggs).</td>
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<td>2. One plate charger base cart with grease build-up, dirt, debris and dried kernels of corn.</td>
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<tr>
<td>3. A section of the wall behind the trayline with food splatter.</td>
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<tr>
<th>F 371</th>
<th>4. Morning dietary aide will verify that soap dispenser is adequately filled.</th>
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<tr>
<td></td>
<td>Dietary manager or designee will conduct food label audit monthly and report findings in quarterly PI meetings.</td>
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<tr>
<td></td>
<td>Dietary manager or designee will add light covers, ice machine lid, dish warmers, plate charger base cart, and walls to sanitation inspection checklist.</td>
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<td>Dietary manager or designee will review documented temperature logs weekly.</td>
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<th>F 372</th>
<th>SS=F</th>
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<tr>
<td></td>
<td>483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE PROPERLY</td>
</tr>
<tr>
<td></td>
<td>The facility must dispose of garbage and refuse properly.</td>
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F 372 Continued From page 13

This REQUIREMENT is not met as evidenced by:
Based on observation, review of facility policies and procedures, and interview, the facility failed to ensure the proper disposal of garbage and refuse.

The finding included:

Observation of the dumpster and kitchen grease refuse area with the Food Services Director on October 10, 2010, at 10:00 a.m., revealed the following:
1. Trash and refuse on the ground surrounding three of three dumpsters to include soft drink cans, milk cartons, a Sprite cardboard container, plastic wrap, aluminum foil, ice cream cups, styrofoam cups, plastic silverware, condiment packets (salt, sugar, sweet-n-low, ketchup), napkins, and disposable latex gloves.
2. Exterior refuse spillage on the doors and walls on three of three dumpsters.
3. A strong, foul, and soured odor from within and surrounding three of three dumpsters.
4. A side door was fully opened on one of three dumpsters.
5. Two large metal barrels on a concrete slab filled with kitchen grease refuse, which spilled over covering the concrete slab and ran off onto the parking lot pavement. The kitchen grease refuse and surrounding area produced a foul odor.

Review of facility policies and procedures titled "Controlling Hospital and Nursing Home Pests" revealed, "...Purpose: To reduce the threat of infection and disease that accompanies pests... Good Sanitation as Applied to Pest Control..."

F 372 Dispose Garbage & Refuse Properly

1. Trash and refuse on the ground surrounding the dumpsters was picked up and discarded.
   - Dumpsters were replaced.
   - Side door on dumpsters were closed.
   - Concrete slab and parking lot pavement were cleaned by dietary and housekeeping.
2. All residents have the potential to be affected.
3. Housekeeping and Dietary staff will be in-serviced to keep area around dumpsters clean and to keep doors of dumpsters closed.
   - Dumpsters will be monitored for cleanliness by Dietary manager and replaced as needed by dumpster vendor.
   - Metal barrels and lids for grease pick-up will be replaced.
   - Notification will be given to grease disposal company to clean spills they make before leaving the area.
4. Dumpsters and metal barrels will be added to sanitation inspection checklist.
<table>
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<tr>
<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>F372</td>
<td>Continued From page 14</td>
<td>Control: 3. Garbage and waste containers kept clean and free of odor... Rodents: Accumulation of rubbish and garbage attract destructive pests... Rodent Control and Prevention Measures: It is the general cleanliness of the hospital, nursing home, and kitchen that is most important in inspect (insect) and rodent control...</td>
<td>F372</td>
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