**INITIAL COMMENTS**

During the annual recertification survey conducted at Wharton Nursing Home, Complaint #TN00025877 and entity reported incident #TN00026441 were investigated and no deficiencies were cited under 42 CFR Part 483.13, Requirements for Long Term Care.

483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program
The facility must establish an Infection Control Program under which it-
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

**F 441**

After speaking with the architects regarding the opening between the clean and dirty sides of the laundry they informed us that there was no door because of proper air pressures. The air flow maintains a net 100-CFM positive pressure in the clean side and a net 125-CFM negative pressure in the dirty side. That plan was approved by the State of Tennessee.

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

Robin Gray

**TITLE**

Administrator

**DATE**

2-15-11

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Statement of Deficiencies</th>
<th>Corrective Action</th>
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(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to store and process linens so as to prevent the spread of infection in two of two laundry sites.

The findings included:

Observation on February 2, 2011, at 9:00 a.m., of the laundry process revealed no separation between the soiled linen and the clean linen. Further observation revealed a door frame without a door to separate the soiled linen from the clean linen. Interview and observation with the Administrator in the laundry on February 2, 2010, at 9:15 a.m., confirmed there should be separation to minimize contamination.