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<th>ID PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 441</td>
<td>SS=D</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</td>
<td>F 441</td>
<td></td>
<td>Opened O2 Tubing, O2 Mask, Suction Catheter and 4 Dressing Kits immediately removed from the supply room.</td>
<td>3-4-11</td>
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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.

(c) Linens
   Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature]

TITLE: ADMINISTRATOR

DATE: 3-4-2011
**NAME OF PROVIDER OR SUPPLIER**

BETHANY HEALTH CARE CENTER

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<td>Continued From page 1</td>
<td>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain sterile supplies in a manner to prevent contamination and the spread of infection in one of two medication rooms. The findings included: Observation of the medication room on the second floor on February 23, 2011, at 2:45 p.m., revealed unpackaged oxygen tubing lying in the bin with other packaged oxygen tubing and available for resident use. Further observation revealed an opened package containing oxygen tubing and face mask in the bin with other packaged oxygen tubing and face masks and available for resident use. Continued observation revealed a Suction Catheter kit with the package opened stacked on the shelf with other packaged suction catheter kits available for resident use. Further observation revealed four PICC (peripherally inserted central catheter) dressing kits had expired. Three kits had an expiration date of 8/10 and one had an expiration date of 4/10. During interview on February 23, 2011, at 3:20 p.m., in the second floor medication room, the Clinical Coordinator confirmed the findings.</td>
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**STREET ADDRESS, CITY, STATE, ZIP CODE**

421 OCALA DRIVE
NASHVILLE, TN 37211

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**DATE SURVEY COMPLETED**

02/24/2011