**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
GREENHILLS HEALTH AND REHABILITATION

**STREET ADDRESS, CITY, STATE, ZIP CODE**
3939 HILLSBORO CIRCLE
NASHVILLE, TN 37215

**SUMMARY STATEMENT OF DEFICIENCIES**

1. **Basic Services**
   - **Infection Control**.
   - **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.**

2. **Nursing Home**
   - **Clean and sanitary and in good repair at all times.**
   - **Based on policy review, observation and interview, it was determined the facility failed to ensure the environment was clean, sanitary, and odor free as evidenced by unclean resident bathrooms, odors, and improperly stored personal care items in 10 of 15 resident bathrooms (rooms 324, 326, 328, 329, 330, 331, 332, 334, 335 and 338) observed on the secure unit.**
   - **The findings included:**
     1. Review of the facility's "7 - Step Daily Washroom Cleaning" policy document, "...5. Clean and Sanitize Commode - The commode includes the tank, the seat, the bowl, and the base... 7. Damp Mop Floor... Be sure to run mop along edges and never push dirt into corners..."
     2. Observations during the initial tour of the facility on 2/6/12 beginning at 10:30 AM revealed the following:

**PLAN OF CORRECTION**

- **A. Bathrooms in rooms # 324,326,328,329,330, 331,332,334,335 and 338 were thoroughly cleaned and sanitized on 2/7/12. The wax buildup that had contributed to the stains and discoloration in and around the edges of the wall and commodes was removed by the housekeeping team with an extra strength stripping agent and direct cleaning from staff.**

- The Housekeeper responsible for cleaning these bathrooms received a formal counseling from the Housekeeping Supervisor.

**SIGNED BY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**TITLE**

**DATE**
a. room 324 - brown stains and buildup on the floor around the commode and under the sink, an unlabeled resident bath basin uncovered on the commode tank, an unlabeled denture cup and comb uncovered on the sink.
b. room 326 - brown stains and buildup on the floor around the commode and wall edges, 2 unlabeled denture cups and 2 bath basins stacked together and uncovered on the sink.
c. room 328 - brown stains and buildup on the floor around the commode and under the sink, an uncovered, unlabeled bath basin and emesis basin on the bathroom floor.
d. room 329 - brown stains and buildup on the floor around the commode and wall edges, and a strong urine odor.
e. room 330 - brown stains and buildup on the floor around the commode, and a strong urine odor.
f. room 331 - brown stains and buildup on the floor around the commode and wall edges, an uncovered, unlabeled container for measuring urine output on the floor beside the commode, 1 uncovered, unlabeled toothbrush on the commode tank and 1 uncovered, unlabeled toothbrush on top of the soap dispenser.
g. room 332 - brown stains and buildup on the floor around the commode and wall edges.
h. room 334 - brown stains and buildup on the floor around and behind the commode.
i. room 335 - brown stains and buildup on the floor around the commode and wall edges, 2 unlabeled, uncovered bath basins on the floor under the sink.
j. room 338 - a sour, musty odor in the bathroom and 4 uncovered, unlabeled bath basins stacked on the commode tank.

3. During an interview in the conference room on 2/7/12 at 9:45 AM, the Administrator stated, Personal care items such as bath basins, denture cups, combs, emesis basins tooth brushes, urinals, in rooms 324, 326, 328, 331, 335 and 338 were appropriately labeled and placed in plastic bags by the unit managers, resident care specialists and nursing supervisors by 2/7/12.

Maintenance Director evaluated the drain in room 338 to determine the cause for the odor and treated the drain with an enzyme.

B. Unit Managers, Director of Nursing, Administrator and Assistant Director of Nursing Resident Care Management Director completed a sweep of all resident rooms to ascertain if any other resident personal care items were improperly labeled or stored. All items found without a
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a. room 324 - brown stains and buildup on the floor around the commode and under the sink, an unlabeled resident bath basin uncovered on the commode tank, an unlabeled denture cup and comb uncovered on the sink.
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j. room 338 - a sour, musty odor in the bathroom and 4 uncovered, unlabeled bath basins stacked on the commode tank.

3. During an interview in the conference room on 2/7/12 at 9:45 AM, the Administrator stated, label were appropriately labeled with a resident identifier and any items found to be improperly stored were placed in plastic bags or other appropriate container or storage.

The Director of Housekeeping is coordinating the cleaning of all resident bathrooms and stripping of all resident bathrooms floors.

The Maintenance Director reviewed all resident showers to assure that no other odors were present. No other issues were found.

C. Resident Care Specialist (Certified Nursing Assistants) and licensed nursing staff will be in serviced on the proper storage and labeling of personal care items. Learning objectives will include: definition of items that constitute personal use articles, basic concepts of
infection control, methods for labeling items, appropriate techniques for storage of items and review of the policy for storage of resident personal care items. Director of Nursing, Assistant Director of Nursing/ Staff development coordinator, Unit Managers, Resident Care management Director, RN or Charge nurses may complete the training.

Housekeeping staff will be in serviced on the appropriate methods and schedule for cleaning of resident bathrooms. Learning objectives will include: a review of the procedures for cleaning resident bathrooms; schedule for cleaning of resident bathrooms, expectations for cleaning of the bathrooms of residents with special needs. In-service will be
### Statement of Deficiencies

**Name of Provider or Supplier:** Greenhills Health and Rehabilitation  
**Street Address, City, State, Zip Code:** 3938 Hillsboro Circle, Nashville, TN 37215

**Provider's Plan of Correction:**

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**Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information):**

- a. Room 324 - Brown stains and buildup on the floor around the commode and under the sink, an unlabeled resident bath basin uncovered on the commode tank, an unlabeled denture cup and comb uncovered on the sink.
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- j. Room 338 - A sour, musty odor in the bathroom and 4 uncovered, unlabeled bath basins stacked on the commode tank.

3. During an interview in the conference room on 2/7/12 at 9:45 AM, the Administrator stated, completed by the Director of Housekeeping Services, Housekeeping Supervisor or District Manager for Housekeeping Services.

The weekend Manager On Duty (MOD) will conduct random rounds of resident bathrooms to assure that they are appropriately clean and presentable and to assure that all personal care items are appropriately labeled and stored. The MOD will notify the charge nurse or housekeeping services manager as appropriate of any issues identified so that they may be resolved.

In addition to the regular cleaning of resident rooms, the Housekeeping Supervisor has developed a schedule for all resident rooms to be deep cleaned a minimum of one time each month. The Housekeeping Supervisor will inspect the rooms once they have been deep.
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j. room 338 - a sour, musty odor in the bathroom and 4 uncovered, unlabeled bath basins stacked on the commode tank.

3. During an interview in the conference room on 2/7/12 at 9:45 AM, the Administrator stated, cleaned to assure the rooms meet expectation and will monitor the cleaning schedule to assure it is being followed.

The Maintenance Supervisor will review all drains in resident bathrooms a minimum of once per month to assure that they are working properly and have no drain issues.
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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| N 645 | Continued From page 2 | "They [housekeeping staff] clean the rooms daily..." | N 645 | D. A Housekeeping | Supervisor will conduct rounds with the unit manager or charge nurse on each unit a minimum of twice each month reviewing bathrooms in random rooms. A minimum of 10 bathrooms will be reviewed during each round. The Director of Nursing or Assistant Director of Nursing may conduct the rounds in absence of the unit manager. Cleanliness of bathrooms and storage/labeling of personal care items will be reviewed to assure facility standards are being met. Any bathrooms found to be in need of cleaning will be cleaned. Personal care...
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"They [housekeeping staff] clean the rooms daily..." | N 645 | items will be 
reviewed to assure 
appropriate labeling 
and storage. Items 
found to be not in 
compliance will be 
corrected. 
Monitoring will 
continue for a 
minimum of 60 days. 
Results will be 
reported to Quality 
Council. Additional 
audits may be 
conducted at the 
discretion of the 
Administrator. 

--- Preparation and/or execution 
of this plan of correction does 
not constitute admission or 
agreement by this provider 
of the truth of the facts 
alleged or conclusions set 
forth in the statement of 
deficiencies. The plan of 
correction is prepared and/or 
executed solely because it is 
required by the provisions of 
federal and state law. This 
Plan of correction is the 
Facility’s credible allegation 
of compliance. |