<table>
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<tr>
<th>ID</th>
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<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>
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<tbody>
<tr>
<td>F164</td>
<td>S5</td>
<td>D</td>
<td>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</td>
<td>F164</td>
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<td>This Plan of Correction constitutes our written allegation of compliance.</td>
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The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.

Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.

The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to provide personal privacy during a dressing change for one resident (#1) of twenty-four residents reviewed.

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 patient. (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 required to continue program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE: Jennifer B. Henderson, Executive Director
How will you identify other residents having the potential to be affected by the same deficient practice?

All residents have the potential to be affected. Training, systemic changes, audits, and a performance improvement program as described below have been implemented to ensure all other residents are provided with appropriate personal privacy.

What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?

On 2/18/2011, DON and SDC trained staff on all shifts regarding our residents’ rights to personal privacy and the associated procedures they should follow to ensure this is provided at all times. In addition to this we have an annual training for all staff on the topic of resident rights. The right to privacy is covered during this inservice and the next one is scheduled for 4/1/11.

DON/Unit Managers/ SDC (Staff Development Coordinator), will perform resident personal privacy audits to ensure that staff are following all appropriate procedures when helping/treating/providing care for our residents.
NAME OF PROVIDER OR SUPPLIER
LIFE CARE CENTER OF JEFFERSON CITY

STREET ADDRESS, CITY, STATE, ZIP CODE
336 WEST OLD ANDREW JOHNSON HWY
JEFFERSON CITY, TN 37760

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
445275

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED
02/09/2011

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The findings included:

Resident #1 was admitted to the facility on December 13, 2010, with diagnoses including a Stage 3 Pressure Ulcer on the sacrum.

Observation of a dressing change with License Practical Nurse (LPN) #2 and Certified Nursing Assistant (CNA) #1 on February 7, 2011, at 2:25 p.m., revealed the resident in bed positioned to one side and exposed from the waist down. Continued observation revealed the privacy curtains and the blinds on the window were not closed to provide privacy during the dressing change. Further observation during the dressing change revealed a knock on the door and a staff member opened the door and entered before LPN #2 could respond.

Interview with LPN #2 at the time of the observation confirmed the LPN failed to provide personal privacy for the resident by failing to pull the privacy curtains and window blinds, allowing the resident to be exposed during the dressing change.

F 372 483.35(f)(3) DISPOSE GARBAGE & REFUSE PROPERLY

The facility must dispose of garbage and refuse properly.

This REQUIREMENT is not met as evidenced by:

Based on observation, review of facility policies and procedures, and interview, the facility failed to dispose of garbage and refuse properly.

The finding included:

How will the corrective action be monitored to ensure the deficient practice will not re-occur, i.e., what quality assurance program will be put into place?

DON/Unit Managers/SDC will perform personal privacy audits for 13 residents per week X12 weeks or until 100% compliance is achieved.

DON/ADON will report findings to the PI committee for 3 months for recommendations and follow up. Performance Improvement committee includes the ED, DON, Medical Director, Consultant Pharmacist, and interdisciplinary department heads.

F 372 DISPOSE GARBAGE AND REFUSE PROPERLY

What Corrective Action(s) will be accomplished for those residents found to have been affected by the deficient practice?

New dumpsters have been ordered with doors that close more easily. Trash on ground surrounding dumpsters has been cleaned up. Trash around the dietary exit
Observation of the dumpster refuse area and the dietary exit area with the Food Services Director on February 7, 2011, at 9:00 a.m., revealed the following:

1. A side door was fully opened on one of two dumpsters.
2. Trash and refuse on the ground surrounding two of the dumpsters, to include a faded soft drink can (embedded in dirt, leaves and pine needles), plastic wrap, aluminum foil, ice cream cups, a plastic cup and plastic silverware (embedded in dirt, leaves and pine needles), condiment containers and packets (salt, sugar, sweet-n-low, ketchup), napkins, pieces of faded paper and faded cardboard, and disposable latex gloves.
3. Trash and refuse scattered and embedded in leaves and pine needles, around the dietary exit area, to include a dirty food bag, stuck to the concrete in less than 10 feet from the exit door, condiment containers (flavored dip, ketchup), and multiple pieces of scattered faded paper products (straw wrappers, napkins, and cardboard).

Review of a facility policy and procedure titled "Garbage Receptacle and Ground Safety" revealed, "Policy. The maintenance department is responsible for overseeing that all garbage, trash, and other noninfectious waste shall be stored and disposed of in a manner that shall not permit the transmission of disease, create a nuisance, provide a breeding place for insects or rodents...Procedure: 1. The maintenance director will make rounds every morning...3. All containers for waste shall be covered."

Interview with the Food Services Director at the dumpster refuse area on February 7, 2011, at
F 372 Continued From page 3
9:10 a.m., confirmed the facility failed to ensure the proper disposal of garbage and refuse.

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<td>Maintenance Director/Dietary Manager or designee will observe dietary exit area, all grounds, and dumpster area each morning, will ensure appropriate disposal of trash/refuse per policy, and will report findings to ED daily for three months, or until 100% compliance is achieved. Maintenance Director/Dietary Manager or designee will report findings to the PI committee for 3 months or until 100% compliance has been achieved for the purpose of recommendations and follow up. Performance Improvement committee includes the ED, DON, Medical Director, Consultant Pharmacist, Dietary Manager, Maintenance Director, and interdisciplinary department heads.</td>
<td>3</td>
<td>2/11</td>
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