**BOULEVARD TERRACE REHABILITATION AND NURSING HOME**

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<th>ID</th>
<th>ID PRECEDING TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 441</td>
<td>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</td>
<td>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.</td>
<td>F 441</td>
<td>1. Corrective action for residents affected: a) Boxes of gloves were put into the rooms affected by Unit Managers. b) The DON and Nursing Staff completed an audit of all resident rooms for gloves; and found all rooms to be in compliance. 1/17/12</td>
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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**DATE**

2/4/12

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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.
F 441 Continued From page 1

This REQUIREMENT is not met as evidenced by:

Based on observation and interview the facility failed to provide necessary personal protective equipment for resident care for five resident rooms (#13, #26, #29, #31, and #36) of ninety-three residents.

The findings included:

Observations on January 17, at 8:50 a.m., 10:30 a.m., and 2:00 p.m. revealed rooms, 13, 26, 29, 31, and 36 had empty boxes in the racks where the gloves were stored for use when providing resident care.

Interview with the Director of Nursing (DON) on January 17, 2012, at 3:00 p.m., in the conference room, revealed it is facility policy for gloves to be available to all staff for resident care and staff are to wear gloves whenever they are providing care to residents.

F 465 483.70(h)
SS=D SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT

The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, the facility failed to maintain a clean and sanitary environment for three resident rooms, #29, #43, #53.

F 441

4. Systems to monitor the effectiveness:
   a) Room rounds being done 5 days weekly X 4 weeks by DON, Nurse Educator, Unit Managers, and Central Supply Director with any deficiencies corrected immediately and re-education as necessary.

b) Findings will be reported monthly to the QA Committee: Administrator, Director of Nursing, Medical Director, Unit Managers, Restorative Manager, Nurse Educator, Social Services Director, Medical Records Nurse, Dietary Manager, Activity Coordinator, MDS Coordinator, Housekeeping Director, Therapy Manager, Maintenance Director, Admissions Coordinator, and Business Office Manager.

1. Corrective action for residents affected:
   a) Bathroom was immediately cleaned and wash basin removed and discarded in affected room by Unit Manager.

b) The commode had been reported as “stopped up” and maintenance repaired this.

c) Housekeeping immediately cleaned the bathroom after maintenance work was completed.

1/17/12
NAME OF PROVIDER OR SUPPLIER: BOULEVARD TERRACE REHABILITATION AND NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR MEDICAL QUALITY AND SAFETY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

ID NUMBER: 445235

MULTIPLE CONSTRUCTION

A BUILDING

B WING

C WING

DATE SURVEY COMPLETED: 01/17/2012

ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR JGC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | COMPLETION DATE
---|---|---|---|---
F 465 | Continued From page 2
The findings included:

Observation of room 29 on January 17, 2012, at 8:50 a.m., revealed the toilet had brown debris all around the bowl as if brown liquid had been flushed out. Continued observation revealed an unlabeled basin on the floor with an incontinent brief and tissues rolled up in the bottom. During interview on January 17, 2012, at 9:00 a.m., in the resident's room, the nurse on duty confirmed the toilet bowl was dirty; the basin was unlabeled; and tissues and a rolled up incontinent brief were in the basin.

Observation of room 43 on January 17, 2012, at 9:20 a.m., revealed an unlabeled gallon jug under the sink along with two trash cans in the room, both of which were overflowing with trash and trash was on the floor around them. Continued observation of the room on January 17, 2012, at 10:30 a.m., revealed the same conditions. Interview on January 17, 2012, at 10:35 a.m., in room #43, revealed the housekeeper confirmed the findings.

Observation of room 53 during tour on January 17, 2012, at 9:30 a.m., revealed unflushed stool and tissue in the toilet. Continued observation of the room at 10:40 a.m., revealed the stool was still unflushed in the toilet. During interview on January 17, 2012, at 10:45 a.m., the housekeeper confirmed the toilet was unflushed and had stool in it.

d) Unlabeled gallon jug was removed from bathroom and discarded by Central Supply Director.
e) Full audit of resident rooms for presence of labeling on wash basins and removal of any unlabeled items by Central Supply Director, CNAs, and Unit Managers.
f) Trash was immediately emptied in affected rooms by housekeeping.
g) Toilet was immediately flushed in affected room by Unit Manager.

2. Identification of others who could be affected by the deficient practice:
All residents have the potential to be affected by this practice.

3. Measures put in place to ensure deficient practice does not reoccur:
   a) The Nurse Educator inserviced nursing and housekeeping staff to bag and remove all soiled linen and trash from resident room immediately after use.
b) The Nurse Educator inserviced nursing staff on labeling of resident wash basins.
c) Housekeeping schedule was evaluated and re-adjusted with earlier start time and overlapping of shifts.

FEB 06 2012
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<td>Continued From page 2</td>
<td>d) Housekeeping cleaning schedule was evaluated and new schedule put in place to empty trash room to room and clean the bathrooms on their first round.</td>
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<td>e) The Nurse Educator inserviced nursing staff on immediate disposal of waste.</td>
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4. Systems to monitor the effectiveness:
   a) Room rounds being done 5 days weekly x 4 weeks to monitor for compliance by Housekeeping Supervisor and/or Administrator with any deficiencies corrected immediately and re-education as necessary.
   b) Findings will be reported monthly to the QA Committee: Administrator, Director of Nursing, Medical Director, Unit Managers, Restorative Manager, Nurse Educator, Social Services Director, Medical Records Nurse, Dietary Manager, Activity Coordinator, MDS Coordinator, Housekeeping Director, Therapy Manager, Maintenance Director, Admissions Coordinator, and Business Office Manager.