

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>APR 27 2015</u> B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2015
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NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001
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F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to promote care in a manner to enhance and promote dignity and respect when 1 of 16 staff members (Certified Nursing Assistant (CNA) #1) stood over a resident while feeding.</p> <p>The findings included: Observations in room 11 on 4/6/15 at 11:25 AM, revealed CNA #1 stood over the resident while feeding.</p> <p>Interview with the Director of Nursing (DON) on 4/8/15 at 9:45 AM, in the DON's office, the DON was asked if it was acceptable to stand over a resident while feeding. The DON stated, "No ma'am."</p>	F 241	<p>F 241</p> <p>483.15 (a) DIGNITY AND RESPECT OF INDIVIDUALITY SS = D</p> <p>Requirement:</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The Director of Nursing verbally in serviced staff on 04/09/2015 regarding the resident's right to quality of life pertaining to dignity with emphasis on tray pass and identification. 2. The Director of Nursing formerly in serviced all staff on 04/16/2015 regarding the resident's right to quality of life pertaining to dignity with emphasis on tray pass and identification. 3. The Director of Nursing or designee will monitor tray pass during all three meals as it pertains to dignity daily times 4 weeks, weekly times 4 weeks, monthly times 4 months and routinely thereafter. 4. The results of the audits will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly. <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: 04/16/2015</p>	
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p>	F 323		

Acceptable POC 4/27/15 JP PTH/UC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donald Jones</i>	TITLE <i>Adm</i>	(X6) DATE <i>4/27/15</i>
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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.

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F 323	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure chemicals were stored securely in 1 of 3 (West hall) halls.</p> <p>The findings included:</p> <p>Observations in the west hall on 4/6/15 at 2:30 PM, revealed a mop bucket that contained a mop with a liquid substance in the bucket in the common bathroom.</p> <p>Interview with the Director of Nursing (DON) on 4/7/15 at 8:00 AM, in the west hall, the DON was asked what the liquid substance in the mop bucket was. The DON stated, "Well sometimes they leave a bucket to clean up spills, but I don't know if it was water or a cleaning solution. We will have to ask [Named Housekeeping Supervisor]."</p> <p>Interview with the Housekeeping Supervisor on 4/7/15 at 8:05 AM, in the west hall beside the resident bathroom, the Housekeeping Supervisor was asked what was the solution in the mop bucket on 4/6/15 that had been left in the resident bathroom. The Housekeeping Supervisor stated, "That is a [named solution] cleaning solution we use. We also use this in spray bottles. We keep it [the cleaning solution] locked on our carts." The Housekeeping Supervisor was asked what the difference was to keep it locked up on a cart and unsecured in the resident bathroom. The Housekeeping Supervisor stated, "No difference."</p>	F 323	<p>F 323</p> <p>483.25 (h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>SS =D</p> <p>Requirement:</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The mop bucket located in the west hall common bathroom was removed on 04/07/2015 by the Housekeeping Supervisor. 2. Housekeeping staff were formally inserviced by the Housekeeping Supervisor on 04/10/2015 regarding the proper storage and securing of hazardous chemicals. 3. Housekeeping shall keep a mop bucket behind a secured location available to staff when housekeeping is not available. 4. The Housekeeping Supervisor or designee will monitor the storage of hazardous chemicals weekly times 4 weeks, monthly times 3 months and routinely thereafter. 5. The results of the audit will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly. <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: 04/10/2015</p>	
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371		

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F 371	<p>Continued From page 2</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on policy review, observation and interview, the facility failed to ensure food was served under sanitary conditions when 2 of 16 (Certified Nursing Assistants (CNA #1 and 2) staff members failed to perform hand hygiene during dining observations.</p> <p>The findings included:</p> <p>1. Review of the facility's "Hand washing/Hand Hygiene" policy documented, "...All personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infections to other personnel, resident, and visitors..."</p> <p>2. Observations in room 11 on 4/6/15 at 11:25 AM, revealed CNA #1 delivered a meal tray to room 11, the resident requested a straw CNA #1 left the room, went to the medication cart on the west hall and got 2 straws, returned to the room, opened the straw and placed the straw in the glass. CNA #1 placed her left hand on the bed rail, picked up the glass with her left hand and gave the resident a drink. CNA #1 placed her left hand back on the bed rail, used both hands to</p>	F 371	<p>F371</p> <p>483.35 (i) FOOD PROCURE, STORE/PREPARE/SERVE- SANITARY SS=D</p> <p>Requirement:</p> <p>The facility must- (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions.</p> <p>Corrective Action:</p> <p>1. The Director of Nursing verbally in serviced staff on 04/09/2015 regarding proper hand hygiene before, during and after tray pass.</p> <p>2. The Director of Nursing formerly in serviced all staff on 04/16/2015 regarding proper hand hygiene before, during and after tray pass.</p> <p>3. The Director of Nursing or designee will monitor tray pass during all three meals with emphasis on proper hand hygiene before, during and after daily times 4 weeks, weekly times 4 weeks, then monthly times 4 months and routinely thereafter.</p> <p>4. The results of the audit will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly.</p> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: 04/16/2015</p>		

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F 371	Continued From page 3 hold the glass for the resident to take a drink. CNA #1 again placed her left hand on the bed rail, pulled at her uniform top, placed her left hand on the bed rail and with her left hand gave the resident a drink. CNA #1 did not perform hand hygiene. 3. Observations in room 18 on 4/6/15 at 11:35 AM, revealed CNA #2 touched her uniform, pulled the over bed table to the resident's bedside and began to feed the resident without performing hand hygiene prior to feeding the resident. 4. Interview with the Director of Nursing (DON) on 4/8/15 at 9:45 AM, in the DON office, the DON was asked if it was acceptable to touch a bedrail or uniform while feeding a resident without performing hand hygiene. The DON stated, "No ma'am."	F 371	F441 483.65 INFECTION CONTROL, PREVENT, SPREAD, LINENS SS=D Requirement: 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. Corrective Action: 1. The Director of Nursing verbally in serviced staff on 04/09/2015 regarding proper hand hygiene before, during and after tray pass. 2. The Director of Nursing formerly in serviced all staff on 04/16/2015 regarding proper hand hygiene before, during and after tray pass. 3. The Director of Nursing or designee will monitor tray pass during all three meals with emphasis on proper hand hygiene before, during and after daily times 4 weeks, weekly times 4 weeks, then monthly times 4 months and routinely thereafter. 4. The results of the audit will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly. FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurses, Staff Trainer, Therapy, Dietary, Social Services, Housekeeping, Maintenance and Activities Coordinator. Different members of the committee will participate depending on the nature of the audit. Completion Date: 04/16/2015		
F 441 SS=D	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.	F 441			

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F 441	<p>Continued From page 4</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when 2 of 16 (Certified Nursing Assistants (CNA #1 and 2) staff members failed to perform hand hygiene after contact with contaminated sources prior to serving a meal or feeding a resident.</p> <p>The findings included:</p> <p>1. Review of the facility's "Hand washing/Hand Hygiene" policy documented, "...All personnel shall follow the hand washing/hand hygiene procedures to help prevent the spread of infections to other personnel, resident, and</p>	F 441		
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F 441	<p>Continued From page 5 visitors..."</p> <p>2. Observations in room 11 on 4/6/15 at 11:25 AM, revealed CNA #1 delivered a meal tray to room 11, the resident requested a straw CNA #1 left the room, went to the medication cart on the west hall and got 2 straws, returned to the room, opened the straw and placed the straw in the glass. CNA #1 placed her left hand on the bed rail, picked up the glass with her left hand and gave the resident a drink. CNA #1 placed her left hand back on the bed rail, used both hands to hold the glass for the resident to take a drink. CNA #1 again placed her left hand on the bed rail, pulled at her uniform top, placed her left hand on the bed rail and with her left hand gave the resident a drink. CNA #1 did not perform hand hygiene.</p> <p>3. Observations in room 18 on 4/6/15 at 11:35 AM, revealed CNA #2 touched her uniform, pulled the over bed table to the resident's bedside and began to feed the resident without performing hand hygiene prior to feeding the resident.</p> <p>4. Interview with the Director of Nursing (DON) on 4/8/15 at 9:45 AM, in the DON office, the DON was asked if it was acceptable to touch a bedrail or uniform while feeding a resident without performing hand hygiene. The DON stated, "No ma'am."</p>	F 441	<p style="text-align: right;">RECEIVED APR 27 2015</p>	