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PRINTED: 09/27/2010
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2010
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</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>	F 441	<p>F 441 483.65 Infection Control, Prevent Spread, Lines ss D Requirement: 1. 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: 2. Treatment Nurse was inserviced on 9/14/10 one on one regarding proper hand washing by the Administrator. Nurse #1 stated; "I never have done that (forgetting to wash hands after cleansing the wound) before" 3. The Administrator and Director of Nursing reviewed the dressing change procedure for needed changes and revisions on 9/14/10. 4. The Director of Nursing or designee will observe residents that have dressing change for proper hand washing thru observation 5% of the facility census who require wound treatment weekly x's 12 weeks, then 10% monthly x's 3 months, then 15% quarterly x's 2 quarters. 5. The performance improvement nurse will monitor the effectiveness of the corrective action and report to the Performance Improvement Committee Quarterly.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sherna Crutchfield, Adm* TITLE: _____ (X8) DATE: *9-27-10*

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 441	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure 1 of 5 nurses (Nurse #1) washed her hands to prevent the potential spread of infection.</p> <p>The findings included:</p> <p>Review of the facility's "Treatment/Wound Cleansing/Dressing changes" policy documented, "...14. Cleanse wound well ...16. ...remove your dressing field and throw in double bag garbage along with your gloves. 17. Wash hands..."</p> <p>Observations in Random Resident (RR) #1's room on 9/14/10 at 9:05 AM, revealed Nurse #1 cleansed the wound on RR #1's left heel with 4 by (x) 4's and wound cleanser. Nurse #1 applied Aquacel and the new dressing. Nurse #1 did not wash her hands between cleaning the wound and application of the medication and the new dressing.</p> <p>During an interview on the south hall 9/14/10 at 9:20 AM, Nurse #1 was asked why she did not wash her hands after cleaning the wound. Nurse #1 stated, "I never have done that [wash hands after cleansing the wound] before..."</p>	F 441	<p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Performance Improvement Nurse, Staff Trainer, Treatment Nurse, Therapy Representative, Dietary Representative, Housekeeping Representative, Activities Representative, and Maintenance. Different members of the committee will participate depending on the nature of the audit.</p> <p>Completion Date: 9/14/10</p>	