

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1702	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/15/2014
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NAME OF PROVIDER OR SUPPLIER  ALAMO NURSING AND REHABILITATION CEN	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) COMPLETE DATE
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N 767	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination whether in storage or while being prepared and served and/or transported through hallways.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>Tennessee Code Annotated 68-11-804(c)22: Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage and other sources of contamination, whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Based on policy review, observation and interview, it was determined the facility failed to ensure food was dated when opened and used by the best dates on 2 of 3 (1/13/14 and 1/14/14) days of the survey.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Review of the facility's "Food Receiving and Storage" policy documented, "...Foods shall be received and stored in a manner that complies with safe food handling practices... All foods stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date)..."</li> <li>Observations in the walk-in freezer revealed the following:</li> </ol>	N 767	<p>N767</p> <p>1200-8-6-06(9)(i) Basic Serices</p> <p>Type C Pending Penalty #22</p> <p>Requirement:</p> <p>Tennessee Code Annotated 68-11-804©22: Food shal be protected from dust, flies, rodents, unnecessary handling, droplet infecton, overhead leakage and other sources of Contamination, whether in storage or while being prepared and served and/or transported through hallways.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> <li>All open containers were reviewed for proper labels and dates by the Dietary Supervisor. The unopened bag of corn dogs , the opened bag of chicken and the opened bag of salisbury steaks were all labeled by the Dietary Supervisor.</li> <li>All open containers will be dated and sealed during storage.</li> <li>The Dietary Supervisor inserviced all dietary staff on proper dating and labeling of items on 1/15/14.</li> <li>The Dietary Supervisor or designee will monitor items for labeling and dating daily. The results of the audits will be reviewed monthly by the Performance Improvement Nurse and reported to the Performance Improvement Committee quarterly.</li> </ol> <p>FOR CLARIFICATION PURPOSES: The Performance Improvement committee consists of Medical Director, Administrator, Director of Nursing, Performance Improvement Nurse, 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: 1/15/14</p>	
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Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  ALAMO NURSING AND REHABILITATION CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001
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N 767	<p>Continued From page 1</p> <p>a. On 1/13/14 at 12:45 PM - a bag of unopened corn dogs with no expiration date.</p> <p>b. On 1/13/14 at 12:45 PM and 1/14/14 at 9:35 AM - an opened bag of chicken breasts and an opened bag of Salisbury steaks with no open date or expiration date on the packages.</p> <p>During an interview in the walk-in freezer on 1/14/14 at 9:40 AM, the Certified Dietary Manager (CDM) was asked about the open and expirations dates not being on open packages. The CDM stated, "...I don't want to lie and will start putting dates on packages..."</p> <p>3. Observations in the dry storage room on 1/14/14 at 11:35 AM, revealed a large can of Apricots, Fruit Cocktail, Sliced Apples and Mandarin Oranges with no expiration dates.</p> <p>During an interview in the dry storage room on 1/14/14 at 11:40 AM, the CDM was asked about the cans not having expiration dates. The CDM stated, "...dates may be on the boxes that the cans are taken out of..."</p>	N 767	<p>N1216 1200-8-6-12(1)(p) Resident Rights Type C Pending Penalty #22 Requirement: The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following; To have records keep confidential and private . Written consent by the resident must be obtained prior to release of information except to person authorized by law. If the resident lack capacity, written consent is required form the resident's health care decision maker. The nursing home must have policies to govern access and duplication of the resident's record.</p>	
N1216	<p>1200-8-6-. 12(1)(p) Resident Rights</p> <p>(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident 's file of the following rights:</p> <p>(p) To have their records kept confidential and private. Written consent by the resident must be</p>	N1216	<p>Corrective Action:</p> <p>1. Staff at the South Side Nurse's Station were inserviced on 1/15/14 regarding the residents' right to personal privacy and confidentiality of his or her personal and clinical records and the importance of clinic record confidentiality. Maintenance was inserviced on 1/15/14.</p> <p>2. The administrator in serviced all staff on 1/25/14 to confirm that all HIPAA applicable records shall be destroyed by burning, shredding or other effective methods in keeping the records confidential.</p>	

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N1216	<p>Continued From page 2</p> <p>obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident ' s health care decision maker. The nursing home must have policies to govern access and duplication of the resident ' s record;</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #5</p> <p>Tennessee Code Annotated 68-11-804(c)5: Each patient has a right to have the patient ' s personal records kept confidential and private. The nursing home must have policies to govern access and duplication of the patient ' s records. Except for those persons authorized by law to inspect the records, written consent by the patient must be obtained before any information can be released. If the patient is mentally incompetent, written consent is required by the patient ' s legal representative.</p> <p>Based on policy review, observation and interview, it was determined the facility failed to provide privacy for residents' when forms with resident's names were placed in a trash can instead of being shredded at 1 of 3 (South Side Nurses' Station) nurses' stations.</p> <p>The findings included:</p> <p>Review of facility's "Confidentiality of Information... Policy Interpretation and Implementation" policy documented, "...The facility will safeguard all resident's records, whether medical, financial, or social in nature, to protect the confidentiality of the information..."</p>	N1216	<p>3. Director of Nursing or designee will monitor the confidentiality of the residents clinical records weekly x's 4 weeks, monthly x's 3 months, then quarterly x's 2.</p> <p>4. The Performance Improvement Nurses will monitor the effectiveness of these audits monthly and report to the Performance Improvement Committee quarterly.</p> <p><b>FOR CLARIFICATION PURPOSES:</b> 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: 1/25/14</p>	
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N1216	Continued From page 3  Observations at the south side nurses' station on 1/14/14 at 10:30 AM, revealed a trash can sitting outside the nurse's station next to the shredder and contained lists with residents names on them.  During an interview at the south side nurses' station on 1/14/14 at 10:30 AM, Nurse #1 confirmed the papers had residents names. Nurse #1 was asked what their policy was on disposing of resident's information. Nurse #1 stated, "...this information should have been shredded..."  During an interview in the Director of Nursing's (DON) office on 1/15/14 at 9:14 AM, the DON was asked what her expectations were for staff when disposing of resident information or resident rosters were. The DON stated, "...a black marker is used to draw through the patient's name when disposing a patient's medication bubble pack and any patient information or rosters should be shredded..."	N1216		

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