

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

PRINTED: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

454 8/22/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211
--	---

(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
--------------------	--	---------------	---	----------------------

<p>F 000 INITIAL COMMENTS</p> <p>F 371 SS=F</p>	<p>A recertification survey and complaint investigation #36245 were completed on July 6-8, 2015, at Bethany Health Care Center. No deficiencies were cited related to complaint investigation #36245 under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</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>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, review of facility cleaning schedule, observation, and interview, the facility failed to maintain a sanitary kitchen for one undated, repackaged prepared frozen food, one open to air, repackaged plastic bag of frozen food, and dust debris on a single cooling fan for one of one walk-in refrigerator for one of one kitchen reviewed.</p> <p>The findings included: Review of facility policy, Food Storage, Shelf Stable Food, undated revealed "...close/seal all opened foods...date all opened foods with current date..."</p>	<p>F 000</p> <p>F 371</p>	<p>The undated, but closed, bag of 15 chicken tenders was discarded immediately on 7/6/15.</p> <p>The opened blue bag containing breaded shrimp was discarded immediately on 7/6/15.</p> <p>The freezer was checked for any other previously opened food on 7/6/15. No other items were identified. All food stored in the freezer was found to be in compliance.</p> <p>The fan in question was cleaned immediately on 7/6/15. The 10 fresh eggs were inspected on 7/6/15 and found to be not pooled, but in their shell and free of debris and cracks.</p> <p>Reviewed the cleaning schedule for the cooling fan on 7/6/15. The fan was determined to have been cleaned as scheduled on 6/10/15. The Dietary Manager revised the cleaning schedule for the fan. The cleaning schedule was changed from monthly to weekly on Wednesdays, beginning 7/8/15. A weekly checklist was implemented for documentation of cleaning of the fan. (Attachment #1)</p>	
---	--	---------------------------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Laura Kern</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/24/15</i>
--	-------------------------------	-----------------------------

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that their 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211
--	---

(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
--------------------	--	---------------	---	----------------------

F 371	<p>Continued From page 1</p> <p>Review of facility policy, Food Storage, Freezer Foods, undated revealed "...all opened foods must be sealed..."</p> <p>Review of facility cleaning schedule, Special Cleaning Schedule, undated revealed "...Every Wednesday Unless Otherwise Noted...fans in walk-ins every month..."</p> <p>Observation with the Registered Dietician/Dietary Manager (RD/DM) on 7/6/15 at 10:25 AM, in the walk-in freezer of the kitchen revealed a hand twisted plastic bag, undated, with 15 fried chicken patties. Continued observation revealed an opened, unsealed blue plastic bag with 30 pieces of fried fish.</p> <p>Observation with the RD/DM on 7/6/15 at 10:40 AM, in the walk-in refrigerator revealed a single cooling fan with dust debris. Continued observation revealed 10 shelled eggs sitting in an egg container under the blowing fan.</p> <p>Interview with the RD/DM on 7/6/15 at 10:45 AM, in the kitchen confirmed the facility failed to date and seal the frozen bags of food in 1 of 1 walk-in freezer and failed to maintain sanitary conditions in 1 of 1 walk-in refrigerator.</p>	F 371	<p>All Dietary staff were in-serviced on the revised cleaning schedule for the fan, the checklist for documentation of cleaning of the fan, and frozen food storage by the Dietary Manager. In-services began on 7/8/15 and were completed on 7/21/15. (Attachment #2)</p> <p>The Dietary Manager and Administrator will monitor frozen food storage/dating and the fan cleaning and documentation on a weekly basis. The Dietary Manager will report to the QAPI Committee monthly beginning with the monthly meeting scheduled for July 27, 2015. The Dietary Manager will continue reporting for two additional months. After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter.</p> <p>The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, Administrator, Dietary Manager, DON, Environmental Services Director, Nursing Unit Managers, MDS Staff, Activities Director, Clinical Coordinator, Social Services Director and Admissions Coordinator.</p>	07/27/15
F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all</p>	F 431	<p>The package of two syringes containing Lorazepam Gel 0.25mg. were removed from the locked box in the 2nd floor Medication Room refrigerator and placed in the pharmacy destruction box on 7/8/15.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(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
F 431	<p>Continued From page 2</p> <p>controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to ensure all medications were in date for one of two medication rooms.</p> <p>The findings included:</p> <p>Review of facility policy, Storage of Medication, undated revealed "... N. Outdated, contaminated,</p>	F 431	<p>On 7/8/15, the DON and Second Floor Unit Manager reviewed the MAR of the Resident who had an order for Lorazepam Gel and determined the drug had not been administered in greater than 30 days. The order was discontinued on 7/8/15 due to no use in greater than 30 days per Standing Orders of the facility Medical Director.</p> <p>On 7/8/15, the 1st and 2nd floor medication room refrigerators, all medication carts and stock medication storage was checked for expired drugs and no other expired drugs were identified. All checks were completed 7/8/15.</p> <p>On 7/8/15, the DON contacted the facility Pharmacist and verified the correct appearance of Lorazepam Gel is white and cloudy.</p> <p>On 7/8/15, the DON implemented a form to document daily checks of the Locked Boxes in the Medication Room refrigerators on the First and Second Floors. The locked boxes are to be checked daily for expired drugs and documented on the checklist. The 11-7 Shift Supervisor is responsible for checking the locked boxes for expired drugs and documenting the nightly check on the checklist. All nurses are responsible for checking drug expiration dates prior to drug administration. (Attachment #3)</p>	

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

PRINTED: 07/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER BETHANY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 421 OCALA DRIVE NASHVILLE, TN 37211		
(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
F 431	<p>Continued From page 3</p> <p>or deteriorated medications and those medications in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedure for medication disposal and reordered from the pharmacy..."</p> <p>Observation on 7/8/15 at 10:05 AM, with Licensed Practical Nurse [LPN] #3 in the second floor medication room revealed two Lorezapam (antianxiety medication) 0.25 mg (milligrams) syringes containing 1 ml (milliliters) of white cloudy solution in refrigerated lock box. Continued observation revealed the pharmacy label expiration date was 6/17/15 on the package containing syringes. Further observation revealed an additional white sticker on the package with an expiration date 6/19/15.</p> <p>Interview with LPN #3 on 7/8/15 at 11:24 AM, at the second floor nurses station confirmed "I would expect those Lorazepam to be thrown out when they are found with past due expiration dates. The pharmacy verified that the medication was expired."</p>	F 431	<p>On 7/8/15, the DON, First and Second Floor Unit Managers and Shift Supervisors began in-services for all nursing staff regarding checking drug expiration dates and the daily checklist. In-Services are to be completed by 8/8/15. (See Attachment #4)</p> <p>The Director of Nursing will audit the completion of the daily checklist weekly and report to the QAPI Committee monthly beginning with the July 27, 2015 monthly meeting. Monitoring and reporting will continue for 2 additional months. After three months of reporting, the QAPI Committee will determine the monitoring and reporting frequency thereafter.</p> <p>The QAPI Committee meets monthly. Membership of the QAPI Committee includes the Medical Director, the Administrator, the DON, the Nursing Unit Managers for First and Second Floors, MDS Staff, Environmental Services Director, Clinical Coordinator, Activities Director, Dietary Manager, Social Services Director, and the Admissions Coordinator.</p>	08/08/15