

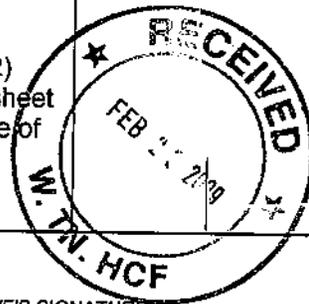
Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1920 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/05/2009 |
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| NAME OF PROVIDER OR SUPPLIER BORDEAUX LONG TERM CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218 |
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| N 410 | <p>1200-8-6-.04(5) Administration</p> <p>(5) The facility shall make reasonable efforts to safeguard personal property and promptly investigate complaints of such loss. A record shall be prepared of all clothing, personal possessions and money brought by the resident to the nursing home at the time of admission. The record shall be filled out in duplicate. One copy of the record shall be given to the resident or the resident's representative and the original shall be maintained in the nursing home record. This record shall be updated as additional personal property is brought to the facility.</p> <p>This Rule is not met as evidenced by: Based on medical record review and an interview, it was determined the facility failed to complete a personal inventory sheet upon admission for 1 of 30 (Resident #24) sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #24 was admitted to the facility on 12/11/08 with diagnoses that included status post Cerebrovascular Accident, Hypertension, and Diabetes Mellitus Type 2. There was a personal items list dated 12/23/08 and 1/28/09 but the facility was unable to find a personal inventory record of belongings upon admission to the facility of 12/11/08.</p> <p>During an interview at B2 nursing station on 2/5/09 at 8:10 AM, Registered Nurse (RN #2) confirmed there was no personal inventory sheet completed for Resident #24's admission date of 12/11/08.</p> | N 410 | <p>N410 A.</p> <ul style="list-style-type: none"> On 2/4/09 after trying to locate the lost clothing of resident #24 RN #2 immediately contacted laundry department to see if the misplaced items could be located. On 2/4/09 RN#2 also checked medical record for Resident #24 and found 2 inventory sheets for the resident, but none for list of admission clothing. (See Attachment 1) A grievance form was completed and filed by the Social Worker and sent to Risk Management. (See Attachment 2) On 2/5/09 an Educational in-service was given to nursing staff members regarding personal inventory sheets/personal items list to be completed and placed on the chart at admissions for each resident. The in-service was completed by the PCM on the B2 unit. (See Attachment 3) All clothing has been found that was listed on the resident's personal inventory sheets. The resident had a receipt for the clothing that was brought to the facility upon admission. The clothing that was listed on the resident's store receipt has been found with the exception of one pair of pants. This pair of pants will be replaced by BLTC. A replacement pair of trousers was ordered by the Facilities Management Director on 2/23/09. (See Attachment 4) | 3/10/09 |
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| REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| N 645 | Continued From page 1 | N 645 | A | |
| N 645 | 1200-8-6-.06(3)(k) Basic Services | N 645 | | |
| | (3) Infection Control. | | <ul style="list-style-type: none"> On 2/23/09 the Director of Environmental Services and ADON made walking rounds throughout Birmingham 3rd floor unit. (See Attachment 17) It was noted that rooms B-301, B-313 and B-316 had an odor. It has been determined that the floors in these rooms will be stripped and waxed. This will be completed by 3/2/09. Environmental Services will also replace the privacy curtains with clean curtains when the rooms are stripped and waxed. Deodorant blocks will be placed in rooms B-301, B-313, and B-316 by 2/27/09. The catheter drainage bags for residents in B-310, & B-316 were changed on 2/2/09 | 3/10/09 |
| | (k) Space and facilities for housekeeping equipment and supply storage shall be provided in each service area. Storage for bulk supplies and equipment shall be located away from patient care areas. The building shall be kept in good repair, clean, sanitary and safe at all times. | | B | |
| | <p>This Rule is not met as evidenced by: Type C Pending Penalty #19</p> <p>Based on observations and interviews, it was determined the facility failed to ensure the building was kept clean and sanitary at all times as evidenced by the presence of odors on 1 of 7 (3B West hall) halls.</p> <p>The findings included:</p> <p>Observations of the B3 West hall on 2/2/09 between 10:15 AM and 10:30 AM, revealed a strong odor of urine was present throughout the entire hall.</p> <p>Observations of the B3 West hall on 2/2/09 at 4:00 PM, revealed a foul odor at the nurses' station as well as down the halls of resident rooms 301 through 312 and 324 through 335.</p> <p>During an interview in the B3 West hall on 2/2/09</p> | | <ul style="list-style-type: none"> The Patient Care Manager and Environmental Services Director will conduct rounds on each of the other units to determine if there are other rooms with odors in need of intervention. All rooms identified with odor issues will be deep cleaned and floors stripped, etc., to reduce these concerns. Monitoring will be ongoing on this unit (B3) weekly by the PCM, Charge Nurse, Nursing Supervisor, ADON or Environmental Services Director to determine any foul odors. Any odor will be addressed immediately. | |

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| N 645 | Continued From page 2 at 10:25 AM, Licensed Practical Nurse (LPN #3) confirmed the presence of the strong urine odor on the entire hallway. During the interview it was revealed that housekeeping had already been up and mopped the floor but the odor prevailed. | N 645 | C <ul style="list-style-type: none"> The residents in B-313 and B-316 will have their catheter bags changed weekly to help contain the odors. Licensed nurses and CNTs will be educated by Clinical Instructor, Educator, PCM, DON, ADON or Nursing Supervisor regarding the maintenance and labeling of residents bedpans, urinals and catheter bags. Environmental Services staff will be educated by the Director of Environmental Services, Nurse Educator, Clinical Instructor or Director of Facilities Management regarding maintaining cleanliness of unit floors. Additionally all bedpans, urinals, and wash basins will be removed from plastic bags, labeled and replaced in wire racks on bathroom walls by CNT's, LPN's, and PCM on the unit. All storage bags attached to the foot of the beds will be removed from the resident's rooms with completion date of 2/25/09. | |

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| N 645 | Continued From page 2 at 10:25 AM, Licensed Practical Nurse (LPN #3) confirmed the presence of the strong urine odor on the entire hallway. During the interview it was revealed that housekeeping had already been up and mopped the floor but the odor prevailed. | N 645 | D • The Patient Care Manager for B3, Assistant Director of Nursing or the Director of Environmental Services, will make weekly rounds on Birmingham 3 to check for unit cleanliness and to assure proper placement and labeling of bedpans and urinals and catheter bags. Results will be reported to Quality Council. When 95% compliance is reached for 4 consecutive weeks rounds will be conducted monthly. When 95% is reached for 3 consecutive months, rounds will be conducted quarterly. When 95% compliance is achieved for 2 consecutive quarters, rounds will be conducted at the discretion of the Director of Nursing. | |
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