

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN1920</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/26/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NASHVILLE COMMUNITY CARE &amp; REHABILIT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218</b>
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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
N 629	<p>1200-8-6-.06(3)(b)8. Basic Services</p> <p>(3) Infection Control.</p> <p>8. Water pitchers, glasses, thermometers, emesis basins, douche apparatus, enema apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into intimate contact with residents shall be disinfected or sterilized after each use unless individual equipment for each is provided and then sterilized or disinfected between residents and as often as necessary to maintain them in a clean and sanitary condition. Single use, resident disposable items are acceptable but shall not be reused.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #31</p> <p>Tennessee Code Annotated § 68-11-804(c)31:</p> <p>All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.</p> <p>Based on policy review, observation and interview, the facility failed to ensure 1 of 2 nurses (Licensed Practical Nurse (LPN) #5) disinfected the glucometer after each use.</p> <p>The findings included:</p> <p>The facility's "Cleaning and Disinfecting Non-Critical Resident-Care Items" policy documented, "...3. d. Reusable items are cleaned and disinfected between residents..."</p>	N 629	<p><b>DISCLAIMER:</b></p> <p>Nashville Community Care &amp; Rehab @ Bordeaux does not believe and does not admit that any deficiencies existed before, during or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self-critical examination privilege which the facility does not waive and reserves the right to assert in any proceeding. The facility offers its response, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>MAY 01 2015</b></p>	

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*SD Malloy*

TITLE  
**S-1-15**

(X6) DATE

Division of Health Care Facilities		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1920	A. BUILDING: _____  B. WING _____		03/26/2015
NAME OF PROVIDER OR SUPPLIER  NASHVILLE COMMUNITY CARE & REHABILIT/		STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218		
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N 629	Continued From page 1  Observations in Resident #244's room on 3/10/15 beginning at 5:12 PM, revealed LPN #5 performed an accucheck on Resident #244. LPN #5 did not disinfect the glucometer before or after performing the accucheck on Resident #244. LPN #5 placed the glucometer in a drawer in the medication cart without disinfecting it.  Interview with LPN #5 on 3/10/15 at 5:23 PM in the B2 (Birmingham) hall, LPN #5 was asked when the glucometer should be cleaned. LPN #5 stated, "I normally clean the machine afterwards." LPN #5 was then asked when she was going to clean the glucometer. LPN #5 stated, "I don't have anymore accuchecks so was gonna clean it later."	N 629	<b>N 629 1200-8-6-.06 (3)(b)8. Basic Services</b>  <b>(3) Infection Control</b>  <b><u>Requirements:</u></b>  <b>The facility must disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers, oxygen tents, &amp; glucometers.</b>  1. The ADON observed licensed nurse #5 appropriately clean the glucometer on 3/10/15.  2. Other licensed nurses were observed during med pass 3/30-4/3/15 for glucometer cleaning to ensure proper infection control procedures were followed.  3. a. The SDC / designee conducted in-service training during a skills fair 4/30, 5/1, 5/2, & 5/4 regarding infection control practices to include glucometer cleaning before and after use.	

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N 629	<p>Continued From page 1</p> <p>Observations in Resident #244's room on 3/10/15 beginning at 5:12 PM, revealed LPN #5 performed an accucheck on Resident #244. LPN #5 did not disinfect the glucometer before or after performing the accucheck on Resident #244. LPN #5 placed the glucometer in a drawer in the medication cart without disinfecting it.</p> <p>Interview with LPN #5 on 3/10/15 at 5:23 PM in the B2 (Birmingham) hall, LPN #5 was asked when the glucometer should be cleaned. LPN #5 stated, "I normally clean the machine afterwards." LPN #5 was then asked when she was going to clean the glucometer. LPN #5 stated, "I don't have anymore accuchecks so was gonna clean it later."</p>	N 629	<p>b. ADONs/designee will observe licensed nurses during med pass (1 nurse per shift x 1 week) then 1 nurse per day x 1 week) for proper cleaning of glucometers before &amp; after use beginning 4/30/15.</p> <p>New hires will be educated on the process for properly cleaning glucometers during orientation.</p> <p>4. The ADONs will report audit findings at the QAPI committee meeting monthly x 3 months, then quarterly thereafter.</p> <p><b>Compliance Date: 05/10/15</b></p>	

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