

Division of Health Care Facilities

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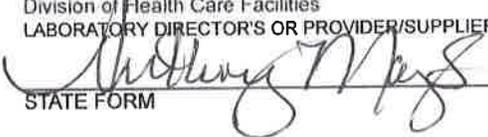
MAY 02 2016

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 04/07/2016
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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 611	<p>1200-8-6-.06(2)(b) Basic Services</p> <p>(2) Physician Services.</p> <p>(b) Residents shall be aided in receiving dental care as deemed necessary.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #32</p> <p>Tennessee Code Annotated 68-11-804(c)32 Residents shall be aided in receiving dental care as deemed necessary.</p> <p>Based on medical record review, observation and interview, the facility failed to provide care and services related to dental health for 1 of 4 (Resident #103) sampled residents with dental needs of the 28 residents included in the stage 2 review.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #103 was admitted to the facility on 9/10/15 with diagnoses of Dysphagia, Diabetes, Epilepsy, Hypertension, Peripheral Neuropathy, Cerebrovascular Accident with Hemiplegia, Vascular Dementia, Bipolar, Hyperlipidemia, Hypothyroidism, Arthritis, Muscle Weakness, Osteoporosis, Edema, Depression, and Psychosis.</p> <p>The quarterly Minimum Data Set (MDS) dated 1/12/16 documented Resident #103 had a Brief Interview for Mental Status (BIMS) score of 1, indicating severe cognitive impairment, and required extensive staff assistance for personal hygiene.</p>	N 611	<p>1. Resident #103 has a current oral assessment, was seen by the dentist on 4/12/16, and has a care plan that addresses his need for assistance with oral hygiene.</p> <p>2. Current residents have had a dental assessment completed by nursing. Dental follow-up will be scheduled with the dentist as indicated. Care plans have been developed that reflect oral hygiene needs.</p> <p>3. Education was provided to the licensed nurses related to dental assessment completion expectation for every admission and annually; care plan development based on assessment, and the steps to take to obtain routine and emergency dental care if indicated. Newly hired nurses will be educated related to dental assessments and care plan development during orientation.</p> <p>4. Annually and with each new admission an audit will be completed</p>	5/6/16

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



TITLE

Administrator

(X6) DATE

4/29/16

Division of Health Care Facilities

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N 611	<p>Continued From page 1</p> <p>The speech therapy (ST) note dated 2/4/16 documented, "...Reason for Referral... mechanical soft texture presents some confusion to resident regarding origin of food items and is not able to identify them... Dentition... partially edentulous with missing upper front teeth and on lower intermittently..."</p> <p>Observations on the B4 hall, on 4/5/16 at 8:47 AM and on 4/6/16 at 9:14 AM, revealed Resident #103 had several missing teeth.</p> <p>Interview with the Assistant Administrator on 4/6/16 at 4:36 PM, in the conference room, the Assistant Administrator was asked whether Resident #103 had received any dental consults while a resident at the facility. The Assistant Administrator stated, "I don't have anything."</p> <p>Interview with MDS Coordinator #2 on 4/7/16 at 2:48 PM, in the conference room, MDS Coordinator #2 was asked how are dental assessments performed. MDS Coordinator #2 stated, "Floor nurses do them."</p> <p>Interview with Licensed Practical Nurse (LPN) #3 on 4/7/16 at 3:15 PM, on the B4 hall, LPN #3 was asked whether the floor nurses perform dental assessments. LPN #3 stated, "No, we don't do them."</p> <p>Interview with the Director of Nursing (DON) on 4/7/16 at 4:09 PM, in the conference room, the DON was asked whether Resident #103 had any missing or broken teeth. The DON stated, "He has some [teeth] missing."</p> <p>The facility was unable to provide documentation that Resident #103 had been offered dental</p>	N 611	<p>5. The Assistant Director of Nurses/Social Services/Designee will be responsible for this process. They will ensure assessments are completed upon admission and annually. They will facilitate the development of a comprehensive care plan. They will also assist the resident/family in making dental appointments and transportation arrangements as necessary.</p> <p>6. Any findings will be recorded and reported to the Quality Assurance Committee monthly for 3-months and quarterly thereafter. Completion date 5/6/16</p>	
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N 611	Continued From page 2 services.	N 611		
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 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>	N 629	<p>1.The Dining Program on Ruberio-1 has been enhanced to ensure there is adequate staff for dependent diners, tray delivery that ensures meals are received at the appropriate temperature, and a more relaxed, homelike environment is provided.</p> <p>2.The Dining Program on Ruberio-1 was observed for performance improvement purposes by the formed QAPI Dining Sub-Committee to evaluate and gather data related to this alleged deficiency.</p> <p>3.The dining program on Ruberio-1 has been restructured and includes 2-seating's to provide a more relaxed experience. The new process will enable staff adequate time to provide attention, comfort, and dignity to each resident. The overall goal will be an enhanced dining program that meets the individual needs of each resident.</p> <p>4.Education has been provided to the staff on Ruberio-1 regarding the new dining process and their individual roles in it. Newly hired staff members will be educated related to the dining program during orientation.</p>	5/6/16

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N 629	<p>Continued From page 3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 29 staff member (Certified Nursing assistant (CNA) #2) failed to disinfect a bedside table during dining.</p> <p>The findings included:</p> <p>Observations on Ruberio 100 hall on 4/6/16 at 6:00 PM, revealed CNA #2 served supper trays. CNA #2 moved a bedside table out of room 107 to room 106 and placed the meal tray for 106 on the bedside table without sanitizing the table surface. At 6:15 PM, CNA #2 moved the bedside table from room 106 to room 108, and placed the meal tray on the table without sanitizing the table surface.</p> <p>Interview with the Director of Nursing (DON) on 4/7/16 at 6:00, in the DON office, the DON was asked if it was acceptable to move bedside tables from room to room to serve meals without sanitizing the the surface. The DON stated, "No, it is not acceptable."</p>	N 629	<p>5.The Assistant Director of Nursing/Registered Dietitian/Designee will be responsible for this process. They will chair the QAPI Sub-Committee and execute the Performance Improvement Plan. They will observe dining daily for 1-week after the new process is initiated, then twice weekly for 30-days, and monthly thereafter.</p> <p>6.Results of the process will be reported to QAPI Committee monthly for 3-months and quarterly thereafter for review and recommendations.</p>	
N 728	<p>1200-8-6-.06(6)(b) Basic Services</p> <p>(6) Pharmaceutical Services.</p> <p>(b) Such cabinets or drug rooms shall be kept securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized persons.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #7</p> <p>Tennessee Code Annotated 68-11-803(c)7 Such cabinets or drug rooms shall be kept</p>	N 728	<p>1.Medication is securely stored according to the medication storage policy.</p> <p>2. All residents have the potential to be affected by this alleged deficiency.</p>	5/6/16

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N 728	<p>Continued From page 4</p> <p>securely locked when not in use, and the key must be in the possession of the supervising nurse or other authorized persons.</p> <p>Based on policy review, observations, and interview, the facility failed to ensure medications were stored securely in 2 of 25 (Birmingham 4th floor crash cart and Rubiero 1 south hall medication cart) medication storage areas.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility's medication storage policy stated, "...The medication supply shall only be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications... Medications are to remain in these containers and stored in a controlled environment... Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access..." 2. Observations on Birmingham 4th floor hallway, on 4/7/16 at 2:15 PM, revealed the unit's crash cart was left unlocked. <p>Interview with Licensed Practical Nurse (LPN) #6 on 4/7/16 at 2:16 PM, in the hallway beside the crash cart, LPN #6 was asked why the crash cart was unlocked. LPN #6 stated, "I had to order some Dextrose to replace in it."</p> <ol style="list-style-type: none"> 3. Observations on Rubiero 1 on 4/6/16 at 6:16 PM, revealed the south hall medication cart was left unlocked, unattended and out of the view of the nurse. A side drawer in the cart had a clear plastic cup with a brown substance with green streaks in it. the cart remained unlocked for 15 	N 728	<ol style="list-style-type: none"> 3. Education was provided to LPN #8 regarding medication storage. Education was provided to the licensed nurses regarding medication storage and focused on the requirements to have medication rooms, cabinets, crash carts, and medication supplies remain locked when not in use or attended by persons with authorized access. 4. A random audit of medication and crash carts will be conducted on each unit daily for 1-week, then twice weekly for 30-days, then once weekly for 30-days, and monthly thereafter. 5. The Director of Nursing/Designee will be responsible for this process. She will ensure education is completed and audits are conducted as scheduled. When indicated remedial education and/or discipline will be provided. She will present the outcomes of the audits to the QAPI Committee monthly for a period of 3-months, and quarterly thereafter. 	

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N 728	Continued From page 5 minutes before Licensed Practical Nurse (LPN) #8 walked up to the cart and stated, "I left my cart unlocked." Interview with LPN #8 on 4/6/16 at 6:31 PM on Rubiero 1, LPN #8 was asked if it was acceptable to leave the medication cart unlocked, unattended and out of view of a nurse. LPN #8 stated, "No." Interview with the Director of Nursing (DON) on 4/6/16 at 7:20 PM, on Rubiero 1 hall, the DON was asked if it was acceptable to leave a medication cart unlocked, unattended and out of view of the nurse. The DON stated, "No it is not."	N 728		
N 765	1200-8-6-.06(9)(i) Basic Services (9) Food and Dietetic Services. (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. This Rule is not met as evidenced by: Type C Pending Penalty #22 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. Based on policy review, observation, and interview, the facility failed to ensure food was stored and served under sanitary conditions as	N 765	1.The open buckets with chemicals in the food preparation area have been removed, open food items are dated when opened, expired liquid items have been removed, baking pans are not wet nested, and staff do not touch food with their bare hands. The buckets of chemicals are now on a mobile cart. After cleaning the cart can be removed from the food preparation area. 2.The facility realizes that all residents have the potential to be affected by this alleged deficiency. An audit was conducted post survey by the Registered Dietitian (RD), the Dietary Manager (DM), and the Chief Executive Officer (CEO) to validate sanitation, and infection control practices were maintained.	5/6/16

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N 765	<p>Continued From page 6</p> <p>evidenced by open buckets with the presence of chemicals in the food preparation (prep) area, food items with no date when they were opened, liquid items stored past their expiration date, baking pans stacked wet nested (water between the pans), and staff touching food with their bare hands. This had the potential to affect 24 residents receiving thickened liquids, and 205 residents receiving meal trays from the kitchen of the total census of 234.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. The facility's "Food Storage" policy stated, "...All containers must be legibly and accurately labeled... Chemicals must be clearly labeled, kept in original containers when possible, and kept in a locked area away from food... Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated... Rewrap packages of frozen food which have been opened..." <p>Observations in the kitchen on 4/4/16 beginning at 10:35 AM, revealed the following:</p> <ol style="list-style-type: none"> a. 1 - red bucket and 1- green bucket with soapy water sitting under the food prep table. b. 1 - opened box of mixed vegetables, stored in the freezer. c. 1 - opened box of tater tots, stored in the freezer. d. 1 - meat item wrapped in plastic wrap with no open date. e. 2 - opened bags of meat no open date stored in the freezer. f. 6 - 46 ounce (oz) containers of thickened orange juice stored in the stock room past the expiration date of 3/18/15. g. 6 - 46 oz thickened sweetened tea with lemon 	N 765	<p>3. Education was provided to the members of the dietary department by the Registered Dietitian related to kitchen sanitation, infection control and focused on the following: All containers must be legibly and accurately labeled.</p> <p>4. The Registered Dietitian/Chief Executive Officer/Designee will conduct a sanitation checklist daily for 5-days analyzing the results and providing feedback and/or remedial education as indicated. The checklist will then be completed twice weekly for 30-days, then weekly for 30-days, and monthly thereafter.</p> <p>5. Education will be provided to the nursing staff related to infection control and sanitation during meal pass. This will include the expectation that staff maintains hand hygiene, uses utensils, deli tissue, dispensing equipment to avoid bare hand contact of ready to eat foods. Newly hired staff members will be oriented during orientation.</p>	

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N 765	<p>Continued From page 7</p> <p>flavor stored in the stock room past the expiration date of 10/6/15.</p> <p>h. 6 - 46 oz honey-like consistency sweetened tea with lemon flavor stored in the stock room past the expiration date of 11/12/15.</p> <p>i. 2 - 46 oz honey-like consistency sweetened tea with lemon flavor stored in the stock room past the expiration date of 2/17/16.</p> <p>j. 1 - 46 oz thickened orange juice stored in the dairy refrigerator past the expiration date of 3/18/16.</p> <p>k. 4 - 46 oz honey-like consistency sweetened tea with lemon flavor stored in the dairy refrigerator past the expiration date 11/12/15.</p> <p>l. 4 shallow baking pans stacked wet nested.</p> <p>Interview with the Dietary Manager (DM) on 4/4/16 at 10:40 AM, in the kitchen prep area, the DM was asked what was in the red and green buckets. The DM stated, "Red bucket just soap and water, green bucket is sanitizer."</p> <p>Interview with the DM on 4/4/16 at 10:45 AM, in the freezer, the DM was asked what the meat wrapped in plastic was. The DM did not answer, but took the wrapped food and stated, "I will throw that away." The DM was asked what the 2 bags of meat in the opened bags were, and if they should be closed and dated. The DM stated, "Black bean burgers" and took the bags out of the freezer.</p> <p>Interview with the DM on 4/4/16 at 10:53 AM, in the stockroom, the DM was asked if it was acceptable to have expired juices stored on the shelves. The DM stated, "No."</p> <p>Interview with the DM on 4/4/16 at 10:58 AM, in the kitchen, the DM was asked if stacking wet pans was acceptable. The DM stated, "Wet</p>	N 765	<p>6. Dining services will be monitored on all units daily by Unit Managers and Nursing Supervisors for 5-days, then twice weekly for 30-days, then weekly for 30-days, and monthly thereafter. Remedial education will be provided as indicated.</p> <p>7. The Registered Dietician/Chief Executive Officer/Director of Nursing/Designee will be responsible for these processes. They will ensure education is provided, and monitoring with interventions as indicated are conducted. They will report their findings to the QAPI Committee monthly for 3-months and quarterly thereafter.</p>	

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N 765	Continued From page 8 nesting, no." Interview with the Registered Dietician (RD) on 4/7/16 at 3:00 PM, next to the conference room, the RD was asked if it was acceptable to have food items opened and not dated. The RD stated, "No, it's not." The RD was asked if it was acceptable to have expired juices stored in the stockroom and refrigerator. The RD stated, "No." The RD was asked if it was acceptable to have pans stacked wet-nested. The RD stated, "No." The RD was asked if it was acceptable to have chemicals around food. The RD stated, "No." 2. Observations in Ruberio 2 dining room on 4/4/16 at 12:50 PM, revealed certified nursing assistant (CNA) #1 assisted Resident #53 with the lunch meal. CNA #1 picked up the roll with bare hands, cut the roll and placed butter in the roll, then placed the roll in Resident #53's mouth for a bite, then took the roll bare handed, and placed it back on the plate. CNA #1 continued to pick the roll up with bare hands during the entire meal. Interview with the Director of Nursing (DON), on 4/7/16 at 6:00 PM, in the DON's office, the DON was asked if it was acceptable for staff to use bare hands to feed residents. The DON stated, "No, it is not acceptable."	N 765		

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