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

45th 11/18/16 70th 12/13/16

PRINTED: 10/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
10/24/16	445116		10/04/2016

NAME OF PROVIDER OR SUPPLIER: NHC HEALTHCARE, SMITHVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE: 825 FISHER AVE P O BOX 549, SMITHVILLE, TN 37166

(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 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law) - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post accurate nurse staffing information in 1 of 3 observations.	F 356	* This plan of correction is submitted as required under State and Federal Law and does not constitute an admission on the part of NHC HealthCare Smithville that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. F356-Nurse staffing information was immediately corrected on 10/2/16 Administrator conducted observations from 10/3/16 10/5/16 of posted nurse staffing information. No other instances noted. On 10/12/16, Director of Nursing interviewed licensed nursing staff on proper nurse staffing posting guidelines The Director of Nursing will conduct a Quality Assurance (QA) Study on nurse staffing posting. QA will be conducted weekly for 3 weeks or until substantial compliance. Findings will be reported to the QA Committee on 11/7/16. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab.	11/3/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: M. [illegible] | TITLE: Administrator | (X6) DATE: 10/20/16

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

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	445116		10/04/2016

NAME OF PROVIDER OR SUPPLIER
NHC HEALTHCARE, SMITHVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
825 FISHER AVE P O BOX 649
SMITHVILLE, TN 37166

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F 356	Continued From page 1 The findings included: Observation on 10/2/16, at 9:32 AM, in the main entrance foyer, revealed the staffing information posted did not accurately reflect the nursing staff on duty for the current day. Observation of the posted staffing revealed the staffing information posted was the staff scheduled for 9/29/16, and had not been updated to reflect current nursing staff in the facility on 10/2/16. Interview with Licensed Practical Nurse #1, on 10/2/16 at 9:35 AM, in the main entrance lobby, confirmed the staffing information did not reflect the current nursing staff present; and confirmed the facility failed to post accurate staffing.	F 356		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on facility policy review, facility documentation, observation, and interview, the facility failed to properly store steam table pans in 9 of 12 pans observed, failed to properly store frozen food items in 1 of 1 walk in freezers, failed to properly store frozen food items, failed to	F 371		

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F 371	Continued From page 2 properly labed food in 1 of 1 refrigerators, failed to properly store dry stock items, failed to ensure kitchen equipment was clean and maintained in a sanitary manner in 1 of 2 kitchen observations made, and failed to properly store potable water in 1 of 1 observations made, affecting 29 of 29 residents. The findings included: Review of the facility policy Safety & Sanitation Best Practice Guidelines...Manual Ware Washing dated 1/2011 revealed "...Air-dry all items Make sure all items are completely dry before stacking to prevent wet-nesting..." Review of the facility policy Safety & Sanitation Best Practice Guidelines...Refrigerator and Freezer Storage dated 1/2011revealed "...Foods will be stored in their original container or a NFS [National Food Safety] approved container or wrapped tightly in moisture-proof film, foil, etc. Clearly labeled with the contents and the use by date..." Review of the facility policy Safety & Sanitation Best Practice Guidelines...Dry Storage dated 1/2011 revealed "...If opened, packages should be closed securely to protect product..." Review of the facility protocol Equipment Cleaning Schedule dated 1/2011 revealed "...Can Opener clean and sanitize after each use..." Review of the facility policy Safety & Sanitation Best Practice Guidelines dated...Deep Fryer dated 1/2011 revealed "...After each use clean outside surfaces..."	F 371	F371-Director of Dietary Services took the following actions on 10/2/16, 1) Steamtable pans were rewashed and air dried in accordance with policy. 2) Box and bags of frozen pancakes were discarded. 3) Coffee creamers and condiment containers were discarded 4) Cereal and crackers were discarded. 5) Can opener and deep fryer were thoroughly cleaned and sanitized. 6) Water containers were removed from mechanical room on 10/3/16. All food items in the kitchen were reviewed by Director of Dietary Services on 10/3/16 and in compliance. All kitchen equipment was also reviewed and in compliance. Director of Dietary Services inserviced all dietary staff by 10/25/16 on drying and storing pans, food dating procedures, cleaning and sanitizing can opener and deep fryer, and storage of potable water The Director of Dietary Services will conduct a Quality Assurance (QA) Study on drying and storage of pans, food dating procedures, cleaning and sanitizing the can opener and deep fryer and storage of potable water. QA's will be conducted weekly for 3 weeks or until substantial compliance. Findings will be reported to QA Committee on 11/3/16. QA Committee consists of Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Assistant Director of Nursing, and Director of Rehab.	11/3/2016

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F 371	Continued From page 3 Review of the facility documentation, Emergency Liquid Sources, not dated, revealed "...bottled water stored in the building...mechanical room...196 gallons [potable/hygiene]..." Observation with the Dietary Manager on 10/2/16 at 9:15 AM, in the dish room, revealed 9 of 12 four inch steam table pans observed were stored wet. Observation with the Dietary Manager on 10/2/16 at 9:20 AM, of a walk-in freezer in the kitchen, revealed the following were available for resident consumption: a). One 10 pound box of frozen pancakes approximately ¾ full not sealed and open to air b). Two 1 gallon bags each approximately ½ full of frozen pancakes with no label or use by date Observation with the Dietary Manager on 10/2/16 at 9:25 AM, of a reach in refrigerator in the kitchen, revealed the following food/beverage items with no label or use by date were available for resident consumption: a). 2 flavored coffee creamers open approximately 3/4 full b). 5 various condiment containers approximately 3/4 full Observation with the Dietary Manager on 10/2/16 at 9:35 AM, in the dry stock room, revealed the following items open to air, with no label or use by date, and available for resident consumption: a). one 5 pound bag of crispy rice cereal approximately ¾ full b). 2 sleeves of assorted crackers each approximately 3/4 full Observation with the Dietary Manager on 10/2/16	F 371		

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F 371	Continued From page 4 at 9:40 AM in the kitchen, revealed the following: a). a manual can opener with dried food debris on the blade b). a deep fryer with dried food debris and thick grease build up on the top and outside Interview with the Dietary Manager on 10/2/16 at 9:45 AM, in the kitchen, confirmed the facility failed to properly store opened packages of frozen foods and dry stock items to maintain food quality and prevent cross contamination. Further interview confirmed the facility failed to ensure kitchen equipment was clean and maintained in a sanitary manner, and failed to properly air dry and store steam table pans. Observation on 10/3/16 at 12:45 PM, in the mechanical room, revealed 32 cases of potable water (each case contained 24 twenty ounce bottles) stored on the floor in the mechanical room. Further observation revealed 33 transporting crates with 4 gallons of water in each create stored on the floor in the mechanical room. Interview with the Maintenance Supervisor on 10/3/16 at 12:50 PM, in the mechanical room, confirmed the water was stored on the floor of the mechanical room. Further interview confirmed "...we have a building outside where the water could be stored better..."	F 371		