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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2708	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ FEB 04 2011	(X3) DATE SURVEY COMPLETED 01/20/2011
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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N 415	<p>1200-8-6-.04(10) Administration</p> <p>(10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.</p> <p>This Rule is not met as evidenced by: 1200-8-6-.04 (10)</p> <p>Based on review of personnel records and interviews, it was determined the facility failed to check reference checks for 5 of 8 (Employees #1, 2, 3, 5 and 8) employees and failed to complete a medical screen for 1 of 8 (Employee #3) employees personnel records reviewed.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Review of the personnel file for Employee #1 documented, Employee #1 was hired on 11/15/10. The facility had no documentation that references had been checked on Employee #1. 2. Review of the personnel file for Employee #2 documented, Employee #2 was hired on 12/21/10. The facility had no documentation that references had been checked on Employee #2. 3. Review of the facility's "Infection Control Employee Health Screening" policy documented. 	N 415	<p>N 415</p> <p>All potential employee hires will have reference checks and a clear (free of communicable disease: medical screen before hire.</p> <p>An employee chart audit form has been implemented. This will include the application, reference checks, employee physical, W4, etc. All new employees charts will be reviewed for all required information on a monthly basis x 3 months then quarterly for employees hired within each quarter for the next 12 months.</p> <p>Findings will be reported to the QA committee quarterly for the next 12 months. The QA committee consists of: ADM, DON, MR, FS, Pharmacy, SS, ACT, environmental services, MDS coordinator and others.</p>	2/20/11
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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator

STATE FORM _____ DATE 2/4/11

4899 4RQ811 If continuation sheet 1 of 9

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N 415	Continued From page 1 "...4. Each employee receives a pre-employment health screening that includes TB (tuberculosis) skin tests and/or x-rays to verify the absence of active TB according to state licensure requirements..." Review of the personnel file for Employee #3 documented, Employee #3 was hired on 12/7/10. The facility had no documentation that references had been checked or that a medical screen was completed on Employee #3. During an interview in the conference room on 1/20/11 at 12:25 PM, the Administrator reviewed the personnel files and stated, "...I do not see the TB skin test on [Employee #3]..." During an interview in the conference room on 1/20/11 at 1:25 PM, the Director of Nurses reviewed the health file of Employee #3 and stated, "...can't find the TB skin test in the record... I will continue to look..." 4. Review of the personnel file for Employee #5 documented, Employee #5 was hired on 10/18/10. The facility had no documentation that references had been checked on Employee #5. 5. Review of the personnel file for Employee #8 documented, Employee #8 was hired on 11/15/10. The facility had no documentation that references had been checked on Employee #8, 6. During an interview in the conference room on 1/20/11 at 12:25 PM, the Administrator reviewed the above personnel files and stated, "...I do not see the reference check in these files..."	N 415		
N 645	1200-8-6-.06(3)(k) Basic Services	N 645		

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N 645	<p>Continued From page 2</p> <p>(3) Infection Control.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #19</p> <p>Tennessee Code Annotated 68-11-804 (c) 19: The nursing home shall be clean and sanitary and in good repair at all times.</p> <p>Based on policy review, observations and interviews, it was determined the facility failed to ensure the environment was clean and sanitary as evidenced by soiled shower chairs, soiled wash cloths in the shower stall and an orange substance on a brush in the shower stall in 3 of 3 (100 hall, 200 hall and 300 hall spa rooms) spa rooms.</p> <p>The findings included:</p> <p>1. Review of the facility's "Cleaning Schedule 10pm-6am shift" policy documented, "...clean shower chairs nightly or as needed..."</p> <p>Observations in the 200 hall spa room on 1/19/11 at 4:22 PM, revealed a splattered pattern of brown/black substance under the shower seat, a bed side commode bucket with the lid cover and the bottom of the bucket had a dried, brown substance with foul smelling odor and a long handled white brush with large amount of orange</p>	N 645	<p>N 645</p> <p>The brushes in the shower (and spa) rooms have been removed. The staff have been in-serviced on the proper cleaning of the shower stalls.</p> <p>The nursing staff has been in-serviced on the proper cleaning procedure of shower chairs and bed side commode parts. The staff have also been in-serviced on the proper disposal and or storage of cleaning utensils, washcloths and towels.</p> <p>The housekeeping supervisor will monitor the shower and spa rooms for cleanliness daily and clean as appropriate when found to be non-compliant. The manager will then report ay non-compliance to the QA committee.</p>	2/20/11

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N 645	<p>Continued From page 3</p> <p>substance in the bristles of the brush head.</p> <p>During an interview in the 200 hall spa room on 1/19/11 at 5:04 PM, the Administrator stated, "...we use the brush I think to clean the shower stall... I smell the odor when the lid was lifted, it should have been cleaned... it looks like poop under the seat..."</p> <p>2. Observations in the 100 hall spa room on 1/19/11 at 4:27 PM, revealed a soiled wash cloth hanging on the hand rail in the shower stall.</p> <p>During an interview in the 100 hall spa room on 1/19/11 at 5:10 PM, the Administrator stated, "...another dirty wash cloth..."</p> <p>3. Observations in the 300 hall spa room on 1/19/11 at 4:20 PM, revealed a soiled wash cloth hanging on the hand rail in the shower stall.</p> <p>During an interview in 300 hall spa room on 1/19/11 at 5:00 PM, the Administrator stated, "...the washcloth should be put in the dirty linen..."</p> <p>During an interview in the conference room on 1/20/11 at 2:35 PM, the Administrator stated, "...don't have a policy what to clean with, can't find any other policies about equipment cleaning."</p>	N 645		
N 727	<p>1200-8-6-.06(6)(b) Basic Services</p> <p>(6) Pharmaceutical Services.</p> <p>(b) All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms.</p> <p>This Rule is not met as evidenced by:</p>	N 727	<p>Nurse #4 was re-educated by the DON on 2-1-11 regarding leaving medication out of view.</p>	2/20/11

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N 727	<p>Continued From page 4</p> <p>Type C Pending Penalty #7</p> <p>Tennessee Code Annotated 68-11-804 (c)7: All internal and external medications and preparations intended for human use shall be stored separately. They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms.</p> <p>Based on policy review, observations and interview, it was determined the facility failed to ensure medications were stored in medicine compartments, including cabinets on wheels or drug rooms when 1 of 4 (Nurse #4) nurses administering medications left medication unattended and out of her view.</p> <p>The findings included:</p> <p>Observation in Resident #1's room on 1/19/11 at 3:33 PM, Nurse #4 left Colace at Resident #1's bedside, unattended and out of her view while she went into the bathroom.</p> <p>During an interview in the Director of Nursing's office on 1/19/11 at 5:20 PM, the DON confirmed that Nurse #4 left the medication unattended at the bedside.</p>	N 727	<p>2. multidose containers, and other medications in the med room and med carts were reviewed by the DON and designated nurses for open dates, expiration dates. Items were discarded as needed.</p> <p>3. The licensed nursing staff were in serviced by the DON regarding expired medication, dating containers upon opening, shelf life of 28 days for insulin after opening and keeping medication within view.</p>	
N 767	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(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.</p>	N 767		

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(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY COMPLETED

01/20/2011

NAME OF PROVIDER OR SUPPLIER

BAILEY PARK CLC

STREET ADDRESS, CITY, STATE, ZIP CODE

2400 MITCHELL STREET
HUMBOLDT, TN 38343

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N 767	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #22</p> <p>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/or transported through hallways.</p> <p>Based on policy review, observations and an interview, it was determined the facility failed to ensure food was prepared or stored under sanitary conditions as evidenced by equipment not being clean, grease in food traps, foods not labeled and dated, pots and pans stored over a potential contamination area and staff failed to wear beard covers on 2 of 3 (1/18/11 and 1/19/11) days of the survey.</p> <p>The findings included:</p> <p>1. Review of the facility's "Food Storage" policy documented, "...8. All foods stored in refrigerators and freezers that have been opened, will be covered and labeled with the date and name of food if appropriate, and will be discarded within the appropriate time frame..."</p> <p>During the initial tour of the kitchen on 1/18/11 beginning at 8:45 AM revealed the following:</p> <p>a. Mixer had a green dried substance around top edges.</p> <p>b. Large amount of black, dried, hard matter in the grease trap.</p> <p>c. Freezer #1 contained chicken strips and</p>	N 767	<p>1. Equipment was cleaned on 2-4-11. Grease was removed from the grease trap on 1-18-11. Foods not labeled and/or dated were discarded on 1-18-11. Pots and pans were moved on 1-19-11. A beard cover was applied on 1-18-11.</p> <p>2. A review of daily resident reports was conducted by the DON on 1-19-11 for evidence of any food borne illness among the residents. No evidence was noted. A thorough inspection on the kitchen was conducted by the RD consultant on 2-4-11.</p> <p>3. The Dietary Manager and staff were in serviced regarding storing and preparing food under sanitary conditions on 1-18-11.</p>	2/20/11

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N 767	Continued From page 6 patties, veal patties, catfish filet and box of biscuits not labeled or dated. d. White freezer contained tater tots, okra and pound cake not labeled or dated. e. Pots, pans and utensils hanging on a rack over the three compartment sink. f. The Certified Dietary Manager (CDM) and a dietary staff member were not wearing covers over their beards. 2. Observations in the kitchen on 1/19/11 at 11:55 AM, the CDM and another dietary staff member were not wearing covers over their beards. During an interview in the conference room on 1/20/11 at 9:55 AM, the surveyor told the CDM of the findings in the kitchen. The CDM confirmed that he was aware that facial hair had to be covered and that the pot, pans and utensils should not be over the three compartment sink.	N 767	4. The Administrator/designee will observe sanitary conditions in the kitchen 5 times a week for 2 weeks, then weekly for 2 weeks, and then monthly for 2 months. The RD consultant will observe kitchen sanitation monthly ongoing. The results of the observations will be reported to the QA committee monthly ongoing. Committee members include: ADM, DON, FS, Act, SS, MDS, MR, environmental services and others.	
N1216	1200-8-6-.12(1)(p) Resident Rights (1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights: (p) To have their records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident's health care decision maker. The	N1216	1. Nurse #1 was re-educated by the DON on 2-1-11, regarding closing the MAR when left unattended. 2. The DON observed the remaining medication nurses during medication pass by 2-4-11 to identify others with the potential to be affected. No other nurses were noted to leave the MAR open unattended.	2/25/11

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N1216	<p>Continued From page 7</p> <p>nursing home must have policies to govern access and duplication of the resident's record;</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #5</p> <p>Tennessee Code Annotated. 68-11-804 (c) 5: Each patient has a right to have the patient's personal records kept confidential and private.</p> <p>Based on policy review, observations and an interview, it was determined 1 of 4 (Nurse #1) nurses administering medications failed to maintain privacy and confidentiality of the resident's medical records by leaving the Medication Administration Record (MAR) uncovered with resident information visible.</p> <p>The findings included:</p> <p>Review of the facility's "SPECIFIC PROCEDURES FOR ALL MEDICATIONS" policy documented, "...Secure records containing protected health information... Medication Administration Records [MARS]..."</p> <p>Observations on the 100 hall on 1/19/11 at 7:10 AM, Nurse #1 left the MAR opened and unattended with a resident's information visible.</p> <p>Observations on the 300 hall on 1/19/11 at 8:15 AM, 8:38 AM, 8:55 AM, 9:20 AM, 9:23 AM, 9:26 AM, 9:28 AM and 9:30 AM, Nurse #1 left the MAR opened and unattended with a resident's information visible.</p> <p>During an interview at the nurses station on</p>	N1216	<p>3. Licensed nursing staff were in serviced regarding the resident rights to personal privacy and confidentiality of records on 2-1-11 by the DON. Newly hired nurses will be educated regarding privacy and annually.</p> <p>4. The DON or RN supervisor will observe a medication pass with one nurse each shift every week for 4 weeks. The nurse consultant will review a minimum of monthly x 3 months.. Findings of the medication pass audit r/t privacy and confidentiality of records will be reported to the QA committee monthly for the next 12 months and as needed. The QA committee consist of: Administrator, DON, MD, DM, SS, Act, MDS nurse and medical records nurse and others.</p>	

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N1216	Continued From page 8 1/20/11 beginning at 12:45 PM, the Director of Nursing (DON) was asked if it was acceptable for resident information to be visible to anyone who passed by. The DON stated, "No."	N1216		