

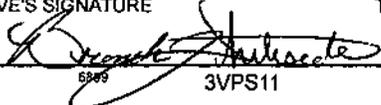
Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN2801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARDMORE HEALTH AND REHABILITATION CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>25385 MAIN STREET ARDMORE, TN 38449</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 645	<p>1200-8-6-.06(3)(k) Basic Services</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: 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>Based on observation and interview, it was determined the facility failed to maintain a sanitary and comfortable environment as evidenced by strong offensive lingering odors in 3 of 38 (resident rooms 34, 40 and 42) resident rooms and on 1 of 3 (North hall) halls.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observations in room 34 on 11/3/14 at 12:25 PM, revealed the presence of strong offensive odors.</li> <li>Observations in room 40 on 11/4/14 at 11:15 AM, 2:00 PM and 3:00 PM, revealed the presence of strong offensive odors.</li> </ol>	N 645	<ol style="list-style-type: none"> <li>Resident rooms 34, 40, and 42 were all deep cleaned by 11/11/2014. Room 34 was stripped and waxed on 11/12/2014. Nursing staff was educated on perineal care. Resident in room 42 was assessed for self administration of medication and chlorophyll tablets were offered to aid in reducing odor during colostomy care. Resident in Room 40 received sharps wound debridement on 11/6/14 by M.D. Resident in room 34 was placed on a toileting program and absorbent incontinent products were offered.</li> <li>Walking rounds were performed by the Administrator and the Director of nurses to identify any other offensive odors. Nursing staff was in serviced on perineal care. Resident in room 42 was provided with chlorophyll to reduce odor during colostomy care. Resident in room 34 was offered incontinent supplies and placed on a toileting plan. Resident in room 40 received sharps debridement to wound by M.D.</li> <li>The Administrator or designee will conduct two random audits weekly for three weeks and the administrator or designee will make environmental rounds daily for six weeks until offensive odors are consistently no longer noted.</li> <li>The Administrator or designee will compile audit results and present to quality assurance committee monthly for three months. Subsequent plans of action will be developed as indicated by the</li> </ol>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	11/24/14

STATE FORM 6899 3VPS11 If continuation sheet 1 of 2

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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  11/06/2014
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NAME OF PROVIDER OR SUPPLIER  ARDMORE HEALTH AND REHABILITATION CE	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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N 645	<p>Continued From page 1</p> <p>3. Observations in room 42 on 11/3/14 at 1:55 PM and 3:35 PM, on 11/4/14 at 7:35 AM, 11:13 AM, 12:58 AM and 2:28 PM and on 11/5/14 at 7:15 AM and 10:45 AM, revealed the presence of strong offensive odors.</p> <p>4. Observations on the north hall revealed the presences of strong offensive odors on the following dates and times as followed: a. 11/3/14 at 11:13 AM. b. 11/4/14 at 7:37 AM, 10:44 AM, 1:00 PM, 2:25 PM and 3:37 PM. c. 11/5/14 at 7:15 AM and 10:45 AM.</p> <p>5. During an interview on the north hall on 11/5/14 at 7:18 AM, the administrator confirmed the presence of lingering odors and stated "We have had problems with [odors in] certain rooms."</p> <p>During an interview on the north hall on 11/5/14 at 7:20 AM, the Regional Director of contracted housekeeping services was asked if he was aware of the lingering odors. The Regional Director stated, "Yes."</p>	N 645	committee. The administrator is responsible for overall compliance.	11/24/2014

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