

Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2010 |
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| NAME OF PROVIDER OR SUPPLIER ARDOR PLACE OF PURYEAR | | STREET ADDRESS, CITY, STATE, ZIP CODE 220 W CHESTNUT, PO BOX 306 PURYEAR, TN 38251 | | |
| (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: All nursing homes shall disinfect contaminated articles and surfaces, such as mattresses, linens, thermometers and oxygen tents.</p> <p>This Rule is not met as evidenced by: Based on policy review, observation and interview, it was determined 1 of 4 (Nurse #1) nurses failed to disinfect a glucometer and Flex Pen before and after use.</p> <p>The findings included: Review of the facility's "Cleaning and Disinfecting the Microdot Blood Glucose Meter" policy documented, "It is [name of medical product] policy to advise healthcare professionals to clean</p> | N 629 | <p>Resident #3, will have equipment (Glucometer and Flex Pen disinfected before and after use. The facility shall disinfect all contaminated articles and surfaces as per Rule TN Code 68-11-804(c)31: Nursing staff will be in-serviced on 6/25/2010 by the DON and/or Administrator on Policies and Procedures for disinfecting of Flex Pen and Glucometers. This proficiency will be monitored by observation by the DON and/or her designee every month and or PRN. Performance will be documented. Tag will be monitored by Quality Assurance Committee monthly until next survey.</p> | 6/25/2010 |

Division of Health Care Facilities

James Newbill
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrators
 TITLE

(X6) DATE

6/30/10

Division of Health Care Facilities

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2010 |
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| N 629 | Continued From page 1 and disinfect blood glucose meters between each resident test in order to avoid cross - contamination issues... The following Germicidal products are also acceptable disinfectants for use on meters: Super Sani -Cloth Germicidal Wipe ... Sani Cloth Germicidal Disposable Wipe..." Observations in Random Resident #3's room on 6/8/10 at 11:37 AM, Nurse #1 failed to clean the insulin Flex Pen prior to administering insulin, then placed the Flex Pen on top of the medication cart. Nurse #1 placed the contaminated Flex Pen in a container with other vials of insulin failing to clean the Flex Pen then returned the container in a draw of the medication cart. During an interview in the conference room on 6/9/10 at 3:46 PM, the Director of Nurses confirmed that, the cleaning and disinfection of the blood glucose meter, Flex Pen and other equipment used for residents and between residents are to be cleaned and disinfected per facility protocol/policy. | N 629 | | |
| N 685 | 1200-8-6-.06(4)(i) Basic Services (4) Nursing Services. (i) All drugs, devices and related materials must be administered by, or under the supervision of, nursing or other personnel in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures. This Rule is not met as evidenced by: Based on medical record review, observation and staff interview, it was determined the facility failed to ensure qualified staff dispense medicated | N 685 | Resident #8 will not have any medications applied or dispensed by unauthorized persons. The facility will ensure that only qualified staff will dispense medicated creams to residents. In-service will be given by the DON and/or Administrator on 6-25-2010. on the Policy and Procedure for Medication Administration. Nursing staff will ensure only licensed nurses will dispense medications. This will be monitored and documented by the DON and/or her designee monthly by making observations for compliance: no medication will be in an unauthorized area or being given or applied by an unauthorized person. Tag will be monitored by QA monthly until next survey. | 6/28/2010 |

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| N 685 | Continued From page 2 cream to 1 of 14 (Resident #8) sampled residents. The findings included: Medical record review for Resident #8 documented an admission date of 7/29/09 with an diagnoses of Pain, Convulsions, Hypertension, Cerebrovascular Disease, Depression, and Anxiety. Review of the current physicians order dated 6/1/10 through 6/30/10, documented "...apply Lotrisone cream to affected area until healed, twice daily and PRN [as needed], until healed..." Observations in Resident #8's room on 6/8/10 at 1:10 PM, revealed Certified Nurse Assistant (CNA #3) applied Lotrisone cream to the reddened lateral labia majora and medial thighs of Resident #8. During an interview in the conference room on 6/9/10 at 9:10 AM, the Director of Nurses (DON) was asked if CNAs applied medicated creams to residents. The DON stated, "No, normally not, the nurses do that." | N 685 | | |
| N 728 | 1200-8-6-.06(6)(b) Basic Services (6) Pharmaceutical Services. (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. This Rule is not met as evidenced by: Type C Pending Penalty #7 | N 728 | All cabinets or drug rooms will be kept securely locked when not in use, and the key will be in the possession of the supervising nurse or other authorized persons. | 6/15/2010 |

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| N 728 | <p>Continued From page 3</p> <p>Tennessee Code Annotated 68-11-804(c)7: They shall be properly stored in medicine compartments, including cabinets on wheels, or drug rooms. 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 then on duty.</p> <p>This Rule is not met as evidenced by:</p> <p>Based on policy review, observation and interview, it was determined the facility failed to ensure medications were stored in locked storage areas at all times for 1 of 4 (medication storage room) medication storage areas.</p> <p>The findings included:</p> <p>Review of the facility's medication storage policy documented, "...The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications... 3... Medication rooms, cabinets and medication supplies are locked or attended by persons with authorized access..."</p> <p>Observations in the Nurses' Station on 6/8/10 at 6:00 AM, revealed the medication storage room door was propped open and left unattended. Nurse #2 was on the 100 hall with the medication cart giving medications. The medication storage room was not in full view of Nurse #2 at all times.</p> <p>During an interview in the Nurses' Station on 6/8/10 at 6:05 AM, Nurse #2 was asked, "Is the medication room supposed to be locked all the time?" Nurse #2 stated, "Yes."</p> | N 728 | <p>The Nursing Staff will be in-serviced on 6-25-2010 by the DON and/or Administrator on the policy regarding Storage of Medications. This Policy and Procedure includes who has access to the Medication supply; it is only assessable only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. The Med room door, refrigerator, cabinets and carts will be locked when unattended by an authorized person.</p> <p>This will be monitored daily by the DON and/or her designee, by observation the med room door is shut and locked, and documented for compliance.</p> <p>The particular nurse was given a written reprimand 6/15/2010, future infractions will require disciplinary action and/or termination.</p> <p>Tag will be monitored by the Quality Assurance Committee monthly until next survey.</p> | 6/25/2010 |