

OTC 3/26/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/09/2015
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NAME OF PROVIDER OR SUPPLIER  BAPTIST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS  Complaint investigation #34584, #34779, and #34785, were completed at Baptist Health Care Center on February 4-9, 2015. No deficiencies were cited related to complaint investigation #34779 and #34785. Deficiencies were cited related to complaint investigation #34584 under CFR Part 483, Requirements for Long Term Care Facilities.	F 000	Baptist Health Care Center does not agree that any deficiencies existed, including the alleged deficiencies that are the subject of the attached response. The facility does not admit the facts or the conclusions set out in any survey or statement of deficiencies, but makes this response in order to comply with state and federal law and as part of its commitment to quality care for residents. The facility is not waiving its rights to dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute resolution, a formal appeal, or any other legal or administrative proceeding. The facility does not admit that any actions taken in response to the notice of deficiencies constitute the applicable standard of care for long-term care providers. This plan of correction serves as the allegation of compliance and will be provided to the members of the QAPI team at next meeting.	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441	<b>F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b>  1.) Bagged soiled linen was immediately removed from the floor and linen cart was covered in Wing C shower room. Education was provided to the Wing C Resident Care Technicians on duty at the time of the alleged deficiency by the Assistant Director of Nurses on 2/9/15.  2.) On 2/9/15 the Director of Nurses audited the other bathing rooms on Wing A, B, D, E, and F with no deficiency noted. The Administrator ordered 6 new linen carts on 2/9/15 to replace the old carts. The new linen carts were received on 2/11/15.	3/5/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Melvin A. Franklin</i>	TITLE  <i>Administrator</i>	(X6) DATE  2/22/15
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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.

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

PRINTED: 02/12/2015  
FORM APPROVED  
OMB NO. 0938-0391

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F 441	<p>Continued From page 1</p> <p>hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to store dirty linen in a manner to prevent the spread of infection in one of six resident shower rooms.</p> <p>The findings included:</p> <p>Observation on February 9, 2015, at 9:00 a.m., in the C Wing shower room revealed a dirty linen cart without a covering and a plastic bag of dirty linen on the bathroom floor.</p> <p>Review of facility policy, Universal Precautions/Exposure Control Plan, last updated July 2007 revealed "...Soiled linen is not to be placed on the floor..."</p> <p>Interview with the Resident Care Tech (RCT #4) on February 9, 2015, at 9:00 a.m., in the C Wing shower room confirmed the dirty linen cart was not covered and a plastic bag of dirty linen was on the bathroom floor. Further interview with RCT #4 confirmed the dirty linen cart should be covered and the dirty linen is not to be placed on the floor.</p>	F 441	<p>3.) The Director of Nursing provided in-service education to nursing staff on proper handling and storage of soiled linens on 2/12/15. The Director of Nursing or designee will perform audits of all 6 bathing rooms daily for two weeks, three times per week for two weeks, and weekly for two months. Audit results will be addressed immediately if indicated.</p> <p>4.) Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers.</p>	3/5/15	

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