

PRINTED: 12/23/2015  
FORM APPROVED

Division of Health Care Facilities		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/10/2015</b>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN6007</b>		

NAME OF PROVIDER OR SUPPLIER  <b>ASHTON PLACE HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3030 WALNUT GROVE RD MEMPHIS, TN 38111</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
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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 #18</p> <p>Tennessee Code Annotated 68-11-804(c)18: Cleaning supplies, toxic substances and equipment shall be secured at all times to prevent access by patients. Toxic substances shall not be left unattended when not secured.</p> <p>Based on observation and interview, the facility failed to ensure safe storage of toxic chemicals in 2 of 8 (B wing shower and C wing shower) and 2 of 129 (Room 207 and 266) resident rooms.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observations during initial tour on 12/8/15 beginning at 9:30 AM, revealed the following:                     <ol style="list-style-type: none"> <li>a. B wing shower room - unlocked cabinet with disinfectant cleaner in a spray bottle.</li> <li>b. C wing shower room - disinfectant cleaner sitting on heating ventilation air conditioning unit.</li> <li>c. Room 207 - foaming bleach cleaner sitting on the back of the toilet.</li> <li>d. Room 266 - Dakins sitting on bedside table between the beds.</li> </ol> </li> </ol>	N 645	<p><u>N645</u></p> <p><b>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>B wing shower room cabinet was locked on 12/8/15. Disinfectant cleaner in C wing shower room was locked on 12/8/15. Bleach cleaner removed from Room 207 and locked on 12/8/15. Dakins removed from Room 266 and locked up on 12/8/15. Tiles in the B Wing Shower room and the room off of it were repaired on 12/21 /15. The black substance on top of the walls and ceiling were cleaned on 12-7-15. The faucet in C wing Shower Room was repaired on 12-28-15. Feces on the trash can was cleaned on 12-8-15. The clear bag of dirty clothes was removed on 12/8/15. The disinfectant cleaner was locked up on 12/8/15. Room 124 was deep cleaned on 12/16/15 and 12/23/15. Room 194 was deep cleaned on 12/14/15. Room 182 was deep cleaned on 12/16/15. Room 186 was cleaned 12/28/15 and again on 12/29/15.</p>	1-10-2016
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Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>George Munchow</i>	TITLE <i>CEO-Administrator</i>	(X6) DATE <i>12-30-15</i>
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N 645	Continued From page 1  Interview with the Administrator on 12/10/15 at 8:05 AM, in the B wing shower room, the Administrator was asked if it was appropriate to for chemicals to be unattended in the common areas or resident rooms. The Administrator stated, "No, it's not."  Type C Pending Penalty #19 Tennessee Code Annotated 68-11-804(c)19: The nursing home shall be clean and sanitary and in good repair at all times.  Based on policy review, observation and interview, the facility failed to ensure the environment was safe and sanitary as evidenced by tiles broken or missing, black and brown substance on the walls and ceiling, leaky faucet, feces on the edges of the trash can, clear trash bag with dirty clothes on the floor, disinfectant cleaner sitting on the heating, ventilation and air conditioner (HVAC) unit, dirty grout, dirt build up on wheels of a shower chairs and foul offensive odors in 2 of 8 (B wing shower room and C wing shower room) shower rooms, 3 of 8 (memory care unit hall, 100 hall, and D hall) halls.  The findings included:  1. Review of the facility's "Cleansing and Disinfection of Environmental Surface" policy documented, "...Environmental surfaces will be cleaned and disinfected according to current CDC [centers of disease control] recommendations for disinfection of healthcare facilities and the OSHA [occupational safety and health administration] Bloodborne Pathogens Standard..."	N 645	This room was what was causing the offensive odors on D hall. 15. An outside contracted company is coming on 1-1-16 to pressure wash all shower rooms.  <b>How the facility will identify other residents having the potential to be affected by the same deficient practice.</b> All residents have the potential to be affected.  <b>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</b>  100% of Certified Nursing Assistants, licensed nursing staff, laundry/housekeeping staff, and maintenance staff will be in-serviced on the Storage of Supplies Policy, Maintenance Work Order Policy, and the Cleaning and Disinfecting Environmental Surfaces Policy by 1-10-16. The Director of Nursing or designee (Administrator, Assistant Director of Nursing, Staff Development Coordinator, Maintenance Director, or Unit Managers) will conduct the in-servicing. A Shower Room Audit and Room Rounds	

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N 645	Continued From page 2  Review of the facility's "7-Step Daily Washroom Cleaning" policy documented, "...Clean and Sanitize Sink and Tub... Use Germicide to clean the sink to be sure it is disinfected... Clean and Sanitize Commode - The commode includes the tank, the seat, the bowl and the base... Spot clean the walls... Use proper mop and germicide solution to disinfect the floor... Be sure to run mop along edges and never push dirt into corners..."  2. Observations during initial tour on 12/8/15 and beginning at 9:30 AM revealed:  a. B Wing Shower - there was a chunk of the threshold tile in the shower, a chunk of tile off a wall corner wall. There was a room off of this shower that was being used as equipment storage, the tile was punched in around the emergency call light by the toilet and there was an unknown black and brown substance on the top of the walls and the ceiling.  b. C Wing Shower Room - there was running water in the sink with the faucet unable to turn the water off, feces on the edges of the trash can, clear trash bag with dirty clothes on the floor, disinfectant cleaner sitting on the HVAC unit, grout dirty and dirt build up on wheels of a 6 shower chairs.  3. Observations on the memory care unit hall outside of room 124 on 12/5/15 at 2:50 PM, revealed a strong offensive odor.  4. Observations on the 100 hall outside of room 194 on 12/7/15 at 2:25 PM, revealed a strong offensive odor.  Observations on the 100 hall outside of room 182	N 645	audit will be completed by the Director of Nursing or designee (Administrator, Assistant Director of Nursing, Maintenance Director, or Unit Managers) 2x/week x 4 weeks, then weekly x 4 weeks, then monthly x 2 looking for disrepair, cleanliness, and storage issues.  <b>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</b>  The Director of Nursing or designee (Administrator, Assistant Director of Nursing, or Maintenance Director) will present the findings of the Shower Room Audits and Room Rounds Audits x 4 months to the Quality Assurance Performance Improvement Committee (Members of the Quality Assurance Performance Committee include: Committee Chairperson - Administrator; Director of Nursing; Assistant Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities

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N 645	Continued From page 3 on 12/7/15 at 2:30 PM, revealed a strong urine odor.  5. Observations on D hall on 12/8/15 at 7:20 AM and 12/9/15 at 11:15 AM, revealed a strong offensive odor.  6. Interview with the Administrator on 12/10/15 at 8:05 AM, in the B shower room, the Administrator confirmed the broken tiles was not safe. The Administrator was asked if it was appropriate to for chemicals to be unattended in the common areas or resident rooms. The Administrator stated, "No, it's not."  Interview with the Administrator, Housekeeping Supervisor (HKS) and the Director of Nursing (DON) on 12/10/15 at 8:30 AM, the HKS was asked if he considered the shower rooms to be clean and sanitary. The HKS stated, "No."  Interview with the Administrator on 12/10/15 at 9:15 AM, in the main foyer, the Administrator was asked if it was ever appropriate to have odors in the common areas. The Administrator stated, "No."	N 645	Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) for further recommendations and/or follow up as needed.	
N 765	1200-8-6-.08(9)(i) Basic Services  (9) Food and Dietetic Services.  (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.  This Rule is not met as evidenced by:	N 765	<u>N765</u>  How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	1-10-2016

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N 765	<p>Continued From page 4 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 served and/or transported through hallways.</p> <p>Based on policy review, observation and interview, the facility failed to ensure food was prepared and served in a sanitary manner as evidenced by outdated food, opened food without an open date, wet nesting of pans, dusty and rusty ceiling lights, dusty ceilings, dirt build up under the steam table, lack of appropriate hair restraints worn by staff and chemicals in the food preparation area. The facility had a census of 170 with 156 of those residents receiving a meal tray from the kitchen.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>1. Observations during kitchen tour on 12/7/15 beginning at 10:20 AM, revealed the following:                         <ol style="list-style-type: none"> <li>a. 15 - 6 ounce (oz) containers of fat free strawberry yogurt stored past the use date of 12/4/15.</li> <li>b. 36 - 4 oz containers of strawberry banana yogurt stored past the use date of 11/30/15.</li> <li>c. A 1/2 gallon of buttermilk stored past the use by date of 11/28/15.</li> <li>d. Two 20 oz opened loaves of light bread without an open date.</li> <li>e. Seven 20 oz loaves of light bread stored past the use best by date of 12/5/15.</li> <li>f. Two 11 oz packages of opened hamburger buns without an open date.</li> <li>g. Four 11 oz packages of hot dog buns stored past the use best by date of 11/14/15.</li> </ol> </li> </ol>	N 765	<p>Outdated food and undated food was thrown out on 12-7-15. Wet nesting of pans was corrected on 12-7-15. Cleaning and repairing of the dusty and rusty ceiling lights and dusty ceilings will be completed by 12-31-15. Steam table will be replaced by 1-10-16. Hair restraints are being worn and beard guards were ordered on 12-7-15. Chemicals in the food preparation area was corrected on 12-8-15. Hole in the ceiling next to the ice machine was repaired on 12-30-15.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice.</b></p> <p>All residents have the potential to be affected.</p> <p><b>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</b></p> <p>100% of dietary personnel will be in-serviced on the dietary Sanitization Policy, Employee Hygiene and Sanitary Practices</p>	

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N 765	Continued From page 5  Interview with the Certified Dietary Manager (CDM) on 12/7/15 at 10:20 AM, in the kitchen, the CDM was asked about the expired foods and foods without an open date. The CDM stated, "I can't believe it, that's the milkman. I have to watch them [bread men] or they will bring me out of date stuff." The CDM stated, "I've told them and told them they have to date stuff when they open it."  2. Review of the facility's "Storage of Pots, Dishes, Flatware, Utensils" policy documented, "...Pots, dishes, and flatware are stored in such a way to prevent contamination by splash, dust, pests, or other means... Air dry pots..."  Observations in the kitchen on 12/7/15 at 10:25 AM revealed the following: a. A stack of 7 baking sheets stored wet nested and some had flour remnants on them. b. 12 deep pans stacked wet nested. c. A hole in the wall next to the ice machine. d. Ceiling and ceiling lights were dusty and/or rusty. e. Underneath the steam table had thick dirt in the edges.  3. Review of the facility's "Preventing Foodborne Illness-Employee Hygiene and Sanitary Practices" policy documented, "...Food Services employees shall follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness... Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens..."  Observations on 12/7/15 at 10:50 AM, revealed Dietary Staff (DS) #1 with a surgical mask on his	N 765	Policy, Storage of Pots, Dishes, Flatware, and Utensil Policy, Refrigerators and Freezers Policy, Food Prep Policy and the Dietary Considerations for Residents Policy by the Registered Dietitian or Dietary Manager by 1-10-16. A dietary audit will be completed by the dietary manager twice weekly x 3 months looking for undated/unlabeled food, steam table clean and free of debris buildup, expired food, chemicals in food prep area, cookware/utensils/equipment not stored wet, and ceiling lights/ceiling free from dust and rust, and ensuring there is a 3 day supply of emergency food on hand.	

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N 765	<p>Continued From page 6</p> <p>chin with facial hair on the sides of his face and moustache uncovered.</p> <p>Observations on 12/7/15 at 10:50 AM, revealed DS #2 also had surgical mask covering the facial hair on his chin with facial hair on the sides of his face uncovered.</p> <p>The CDM turned around and told the dietary staff to "Put 2 masks on if you have to."</p> <p>4. Review of the facility's "Poisonous and Toxic Materials" policy documented, "...Only poisonous and toxic materials that are required to maintain kitchen sanitation shall be permitted in the pot washing and dishwashing areas, but may not be stored or used in the presence of food..."</p> <p>Observations on 12/8/15 at 5:15 PM, revealed a green bucket sitting under the food preparation table with a sudsy liquid inside.</p> <p>Interview with the CDM on 12/8/15 at 5:15 PM, in the kitchen, the CDM was asked what was in the green bucket. The CDM stated, "It's just some sanitizer." The CDM was asked if it was acceptable to have a bucket of sanitizer around food. The CDM stated, "It's just what we use to clean."</p>	N 765	<p><b>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</b></p> <p>The result of the Dietary Audit will be presented by the Dietary Manager or designee (Administrator, Director of Nursing, Assistant Director of Nursing) to the Quality Assurance Performance Improvement Committee (Members of the Quality Assurance Performance Committee include: Committee Chairperson – Administrator; Director of Nursing; Assistant Director of Nursing; Medical Director; Dietary Director; Pharmacy Representative; Social Services Director; Activities Director; Environmental Director/ Safety Representative; Infection Control Representative/Staff Development Coordinator; Rehabilitation Director; and Medical Records Director.) x 3 months for further recommendations and/or follow up as needed.</p>	