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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	445108		08/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, MURFREESBORO	420 N UNIVERSITY ST MURFREESBORO, TN 37130

(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
F 000	INITIAL COMMENTS A Recertification survey and complaint investigation #33659, were completed on August 12, 2014, at NHC Healthcare Murfreesboro. No deficiencies were cited in relation to complaint #33659 under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000	The Plan of Correction is submitted as required under State and Federal Law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.	
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, review of facility Housekeeping checklists and calenders and interview, the facility failed to provide an odor free environment and an odor free sanitary mattress for one resident (#102) of five residents reviewed for incontinence of forty-two residents reviewed. The findings included: Observation on August 10, 2014, at 3:05 p.m., in the room of resident #102, revealed resident #102 and the roommate seated in chairs, the beds had been made, and a very strong urine odor was present. Observation on August 11, 2014, at 7:57 a.m., in the room of resident #102 revealed no residents present, resident #102's bed had been made, a	F 252	F252 NHC has established and maintains a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. The Administrator-in-training (AIT) and the Director of Housekeeping removed and discarded mattress in room of resident #102 on 8/12/14. Conducted by the director of housekeeping, all mattresses have been inspected to ensure a clean, comfortable environment. 8/28/14. The AIT and Director of Housekeeping conducted an in-service for housekeeping and proper cleaning of mattresses on 8/21/14. The Director of Nursing (DON) will in-service all CNA'S on 8/28/14. The DON and Director of Housekeeping will randomly monitor ten (10) patient rooms weekly for six (6) weeks to assure all mattresses are clean and without odor.	8/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lynn Foster
TITLE: Administrator
(X6) DATE: 9/10/14

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.

SEP 12 2014

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F 252	Continued From page 1 safety mat was on the floor beside the bed, and a very strong urine odor was present. Observation on August 12, 2014, at 7:45 a.m., in the room of resident #102 revealed the roommate of resident #102 sitting in a wheelchair. Further observation revealed both beds were made, and a very strong urine odor was present. Review of the facility policy titled Housekeeping Cleaning Schedule-Daily revealed, "...wet mop patient room...review Housekeeping Checklist (Housekeeping Report/Room Readiness checklist) to assure maximum cleanliness..." Review of the July and August 2014, Housekeeping Report/Room Readiness checklist, and the July and August 2014, calendar revealed deep cleaning of the bed frame and mattress had been scheduled for the room of resident #102 on July 8, 2014, and August 8, 2014. Further review of the calendar revealed the July 8, 2014, and August 8, 2014, were not initialed. Interview and observation with Certified Nurse Assistant, (CNA) #1 on August 12, 2014, at 7:50 a.m., in the room of resident #102 confirmed a very strong urine odor present. Continued interview with CNA #1 revealed "housekeeping says the urine is in the floor, and they can't get it gone". Observation revealed resident #102's bed was made and a comforter was on top of the clean linens. Further observation revealed CNA #1 placed the bed comforter to the nose and stated "yeah, it smells like urine". Further observation revealed when CNA #1 removed the bed linens, the mattress had a white powdery substance on it, and smelled of urine. Further interview with CNA #1 confirmed the strong urine	F 252	The AIT and Director of Housekeeping will monitor compliance of this study, address results as indicated and report to center's Quality Assurance Committee which consist of Administrator, DON, Medical Director, Social Work, and Health Information Management. The study will continue as directed by the Quality Assurance Committee.	8/28/14

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F 252	Continued From page 2 odor was coming from the mattress of resident #102. Further interview with CNA #1 confirmed the room of resident #102 had been cleaned by housekeeping, and the bed linens had been changed that morning, but was unsure of who had changed the linens, or placed the white powdery substance on the mattress. Interview with housekeeper #1 on August 12, 2014, at 8:00 a.m., at the 2 west nurses station, revealed the mattresses were cleaned when notified by the CNA's, upon a residents discharge, or when a resident changed rooms. Further interview with housekeeper #1 revealed the mattresses were cleaned with a disinfectant and not a white powdery substance. Further interview confirmed housekeeper #1 had already cleaned the room of resident #102 that morning and had noticed a urine odor in the room. Interview and observation with housekeeper #2 on August 12, 2014, at 8:20 a.m., in the room of resident #102, confirmed the mattress of resident #102, had a hole in it, and the foam had been saturated with urine. Further interview with housekeeper #2 revealed the mattress with a hole had been placed in the dumpster. Observation revealed another mattress was present, and the strong urine odor was now only slightly noticeable. Further interview with housekeeper #2 revealed that mattresses were routinely changed when a resident was discharged, changed rooms, or died. Further interview revealed the mattress's were not otherwise changed unless housekeeper # 2, or the maintenance supervisor were notified. Further interview revealed, the bed rails, headboards and mattresses were routinely cleaned monthly, with "Oxyfect", the same disinfectant used for daily	F 252		

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F 252	Continued From page 3 cleaning of the resident rooms. Further interview and observation with housekeeper #2 revealed a copy of the July and August 2014, deep cleaning schedule and calendar schedule was posted in the 2 west housekeeping closet. Further interview revealed mattresses were changed on a "as needed" basis. Further interview revealed the calendar would be initialed when deep cleaning was completed. Further interview confirmed the calendar was not initialed on July 8, 2014 or August 8, 2014, indicating the deep cleaning for the room of resident #102 had not been completed. Further interview confirmed a break-down in communication between housekeeping and nursing staff to housekeeper #2 or the maintenance supervisor regarding the need for a new mattress for resident #102. Interview with the Administrator on August 12, 2014, at 4:00 p.m., in the east hallway on the 1st floor confirmed the mattress for resident #102 had a hole in it, and was saturated with urine and the facility failed to provide an odor free environment and an odor free sanitary mattress for resident #102.	F 252		
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed	F 356		8/12/14

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F 356	Continued From page 4 vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post the nurse staffing data. The findings included: Observation on August 10, 2014, at 11:00 a.m. and at 11:30 a.m., in the hallway outside the Administrator's office, revealed the nurse staffing data was not posted. Interview with the Administrator, on August 10, 2014, at 11:30 a.m., at the nurse staffing posting site, revealed "...we know the staff posting is missing, we're still working on it..." Interview with the Director of Nursing (DON) and	F 356	F356 NHC staffing coordinator will continue to post staffing schedule daily throughout the week. Weekend supervisor or assigned night shift nurse will be responsible for changing staffing schedule and make adjustments if necessary. The facility will post the following information on a daily basis: facility name, current date, total number of hour's worked and current census. DON/weekend supervisor will monitor weekly and every weekend that staffing has been posted efficiently, accurately, and timely, weekly for six (6) weeks. The DON will monitor compliance of the study, address results as indicated and report to center's Quality Assurance Committee which consist of Administrator, DON, Medical Director, Social Work, and Health Information Management. The study will continue as directed by the Quality Assurance Committee.	8/12/14

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F 356	Continued From page 5 the Staffing Coordinator, on August 10, 2014, at 2:53 p.m., in the DON's office, confirmed the nurse staffing data had not been posted Saturday, August 9, 2014, or Sunday, August 10, 2014. Further interview revealed it was the responsibility of the Staffing Coordinator to prepare the posting.	F 356		
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure expired milk was not accessible for resident consumption in one of three refrigeration units, of five dining rooms reviewed. The findings included: Observation on August 10, 2014, at 11:00 a.m., in the refrigration unit in the rehabilitation dining room, revealed two unopened 8-ounce cartons of buttermilk with an expiration date of August 3, 2014. Continued observation at 11:30 a.m., revealed residents in the rehabilitation dining room, lunch being served and the buttermilk remained in the refrigerator. Interview and observation with assistant cook #1 on August 10, 2014, at 11:36 a.m., in the rehabilitation dining room, confirmed two	F 364	F364 NHC does provide residents food prepared by methods that preserve nutritive value, flavor, and appearance, and food that is palatable, attractive and of proper temperature. The Food Service Director removed buttermilk from the Rehab dining Room refrigerator 8/10/14. No items out of date were served to the patients. All refrigerators were checked in the building on 08/10/14. No other expired milk was found. Food Service Director in-serviced dietary partners on 08/28/14 on how to correctly stock the refrigerators and storage areas as to items being correctly rotated to assure all items are in date. Refrigerators will be checked daily by dietary staff. Daily random refrigerator will be checked by RD's, Food Service director weekly x's 4 weeks. Food Service Director/ RD's will report to centers Quality Assurance (QA) committee which Consist of the Administrator, DON, Medical Director, HIM, Social worker, dietitian, & doctors. The Quality Assurance committee will review and make any recommendations. The study will continue as directed by the Quality Assurance committee.	8/28/14 8/28/14

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F 364	Continued From page 6 unopened 8-ounce cartons of buttermilk, with an expiration date of August 3, 2014, were in the refrigerator and were available for resident use.	F 364		
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 hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and	F 441	F441 NHC has established and maintains an infection control program designed to provide a safe sanitary and comfortable environment and to help prevent the development and transition of disease and infection. The DON replaced and filled appropriately the humidifier bottles of resident #171 on 8/12/14. The DON inspected all respiratory equipment to ensure proper humidifier bottles were dated and filled appropriately. This was completed on 8/14/14. DON will conduct in-service for all nursing on 8/27/14 and 8/28/14 on compliance of proper respiratory equipment. Ten (10) residents receiving respiratory care will be reviewed weekly times six (6) and report to the Quality Assurance (QA) committee which consist of the Administrator, DON, Medical Director, HIM, Social worker, RD. The study will continue as directed by the Quality Assurance committee.	8/28/14 8/28/14

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F 441	Continued From page 7 transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a sanitary humidifier bottle for oxygen delivery for one resident (#171) of eleven residents reviewed who received oxygen therapy of forty-two residents reviewed. The findings included: Observation on August 10, 2014, at 10:15 a.m., in resident #171's room revealed the resident was receiving oxygen from an oxygen concentrator, the humidifier bottle that humidified the oxygen was empty and dated June 11, 2014. Observation on August 11, 2014, at 3:30 p.m., in resident #171's room revealed the resident was receiving oxygen from the oxygen concentrator and the humidifier bottle was approximately 1/2 full and dated June 11, 2014. Observation with LPN #1 on August 12, 2014, at 12:32 p.m., in resident #171's room revealed the resident was receiving oxygen from the oxygen concentrator, the humidifier bottle was approximately 1/2 full, and was dated June 11, 2014. Interview with LPN #1 on August 12, 2014, at 12:32 p.m., in resident #171's room revealed the humidifier bottles were changed every month on the second Wednesday. Continued interview confirmed the date on the water bottle was June	F 441		

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F 441	Continued From page 8 11, 2014, and the bottle should have been changed on July 9, 2014, the second Wednesday in July.	F 441		