

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

PRINTED: 08/19/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445133 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/13/2014 |
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| NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111 |
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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 226 SS=E | <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on policy review, review of personnel files and interview, it was determined the facility failed to ensure pre-employment abuse and background checks were conducted, failed to provide abuse prohibition training and failed to develop policies to include prevention, reporting, training and screening of staff prior to having direct contact with the residents for 9 of 20 (Sitters #1, 2, 3, 4, 5, 6, 7, 8 and 9) personnel files reviewed.</p> <p>The findings included: Review of the facility's "Abuse and Neglect" policy did not document the elements for prevention, reporting, training or screening of individuals for abuse prohibition. Review of personnel files for Sitters #1, 2, 3, 4, 5, 6, 7, 8 and 9 revealed the facility failed to ensure pre-employment abuse and background checks were conducted, failed to provide abuse prohibition training and failed to develop policies to include prevention, reporting, training and screening prior to having direct contact with the residents.</p> <p>During an interview in the Assistant Director of</p> | F 226 | <p>Sitters #1, 2, 3, 4, 5, 6, 7, 8, and 9 have completed pre-employment abuse background checks. Abuse training has been done for sitters #1, 2, 3, 4, 5, 6, 7, 8, and 9. A policy has been developed to provide abuse prohibition training to include prevention, reporting, training, and screening prior to having direct contact with the residents.</p> <p>All personnel and residents have the potential to be affected by the deficient practice.</p> <p>The new policy will be included in each admission packet and will be discussed with the resident/resident representative upon admission to the facility.</p> <p>A list of sitters will be given to the staffing Coordinator and the DON prior to their entrance to the facility and the following will be done: abuse registry check, criminal background check, abuse training, orientation, drug screen, and TB test and/or chest x-ray.</p> <p>The DON and/or designee will review all current sitters personnel files to ensure compliance.</p> <p>Human Resource Manager and/or designee will review all new hire personnel files to ensure abuse prohibition training has been done. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> | 9/13/14 |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Tom Hamlen Adm 8/29/14 JPPH

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.

This same POE was perox 8/29/14 JPPH

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| F 226 | Continued From page 1 Nursing's (ADON) office on 8/13/14 at 2:30 PM, the ADON was asked at what point does the facility become involved when family members hire sitters. The ADON stated, "If sitters are paid by the family we still have requirements. They have to have the same thing drug screen, abuse training, policy and background checks. I think, I don't want to tell you wrong. They have to have those things before they come on campus." | F 226 | | |
| F 371 SS=F | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure food was stored, prepared and distributed under sanitary conditions as evidenced by the chef not wearing a hair and beard cover; food left opened in the freezer and cooler; enchilada sauce sitting on the floor; opened and undated sauces, syrups and vinegars; food service equipment with a grease build up and unknown particles; carbon build up on pots and pans and the kitchen floor was dirty on 2 of 2 (8/11/14 and 8/12/14) days of kitchen observations. | F 371 | | |

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| F 371 | <p>Continued From page 2 The findings included:</p> <p>1. Review of the facility's "Preventing Foodborne Illness - Food Handling" policy documented, "...All food service equipment and utensils will be sanitized according to current guidelines and manufacturers' recommendations..."</p> <p>Review of facility's "Food Storage" policy documented, "...Food items will be stored on shelves... All containers must be accurately labeled... Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before refrigerated... All foods should be covered, labeled and dated... Foods should be covered, labeled, and dated..."</p> <p>Review of the facility's "General Preparation and Handling" policy documented, "The kitchen and equipment are clean... All food service equipment should be cleaned, sanitized, dried, and reassembled after each use..."</p> <p>2. Observations in the kitchen on 8/11/14 at 6:30 PM, revealed the following:</p> <p>a. A block of cheese, individual slices opened, undated and uncovered in the walk in cooler.</p> <p>b. A styrofoam cup of vanilla ice cream and cookies were covered with saran wrap but undated in the freezer.</p> <p>c. The preparation (prep) sink had water draining into a pipe in the floor and copious amounts of bubbles were spilling out of the drain.</p> <p>d. Food particles and grease build up on the 4 eyed stove and dark brown grease build were on the stainless steel back splash.</p> <p>e. The dishwasher rack had clean silverware, a dirty napkin and a box of latex gloves were sitting</p> | F 371 | <p>The block of cheese, individual sliced cheese, styrofoam cup of vanilla ice cream and cookies were removed and discarded.</p> <p>All opened food has the potential to be affected by the deficient practice.</p> <p>All open food items will be stored in covered containers and will be dated.</p> <p>Staff will be in-serviced on proper food storage.</p> <p>CDM and/or designee will audit food storage areas daily to ensure that food is adequately stored, covered, and dated. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> <p>Sink will not be used until bubbles have drained and are not spilling out of drain.</p> <p>All food sinks have the potential to be affected by the deficient practice.</p> <p>Maintenance will check food prep sink for proper drainage outlet.</p> <p>CDM and/or designee will monitor daily for bubbles to ensure proper drainage in food prep sink and that bubbles are not spilling from drainage. Findings will be reported to the QI Committee x 2 months, then PRN thereafter.</p> <p>The 4 eyed stove and stainless steel back splash was cleaned and sanitized.</p> <p>All kitchen equipment has the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on cleaning and sanitizing kitchen equipment and on the cleaning schedule.</p> <p>Kitchen equipment will be cleaned on a daily and/or PRN basis.</p> | <p>9/13/14</p> <p>9/13/14</p> <p>9/13/14</p> |
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| F 371 | <p>Continued From page 4</p> <p>room, was opened and undated.</p> <p>m. The 4 eyed stove had a dark brown grease build up on the stainless steel back splash.</p> <p>n. Two ovens had grease build up on the glass fronts and food particles, spills and carbon build up on the bottoms and sides of the ovens.</p> <p>o. Carbon and grease build up on the grill and grease and food particles in the grease pan.</p> <p>p. Dark brown oil and food particles were floating in both sides of the deep fryer. There was a grease build up and food particles in the bottom of the fryer next to the electrical socket.</p> <p>q. The glass on the front of the steam table was smeared with grease and an unknown food particles.</p> <p>r. The skillets, pots and pans had a carbon build up on the bottom.</p> <p>s. Two dish carts bases had spills and stains.</p> <p>t. The industrial can opener had an unknown black substance on the opening prong.</p> <p>u. The kitchen floor was dirty with spills of unknown substances.</p> <p>During an interview in the kitchen on 8/12/14 at 10:15 AM, the Kitchen Manager (KM) was asked what was the proper procedure for food storage after it is opened. The KM stated, "The bags should at least be resealed and dated." The KM was asked if she was aware that bubbles come from the drain for the prep sink. The KM stated, "I don't know why. There is no soap used in that sink." The KM was then asked if the containers of vinegar, soy sauce and syrup were stored appropriately. The KM stated, "The jugs should be dated when opened. When there is a spill, the jug should be wiped down." The KM was asked if it was appropriate to store food on the floor. The KM stated, "Never." The KM was asked if she felt the two ovens were clean. The KM stated, "No.</p> | F 371 | <p>The 4 eyed stove, stainless steel back splash, glass fronts, bottoms, and sides of the two ovens, the grill, the grease pan, both sides of the deep fryer, the bottom of the fryer next to the electrical socket, the glass on front of the steam table, the skillets, pots, pans, two dish carts, the industrial can opener, and the kitchen floor were cleaned.</p> <p>All kitchen items have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on kitchen cleaning of kitchen equipment and kitchen sanitation.</p> <p>CDM and/or designee will revise, assign, and post a daily cleaning schedule.</p> <p>CDM and/or designee will monitor kitchen sanitation daily to ensure compliance.</p> <p>RD will audit kitchen sanitation every 2 weeks x 2 months, then monthly to ensure compliance. Findings will be reported to QI Committee x 2 months, then PRN thereafter for review.</p> <p>Employee was instructed that beard restraint must be worn.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on usage of appropriate beard restraints.</p> <p>CDM and/or designee will perform daily audits to ensure that staff is using beard restraints. Findings will be reported to the QI Committee X 2 months, then PRN thereafter for review.</p> | <p>9/13/14</p> <p>9/13/14</p> |

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| F 371 | <p>Continued From page 5</p> <p>There is grease build up inside the ovens and the front glass looks like they have been sprayed and they [staff] didn't wipe the glass down." The KM was asked how often the fryer grease was changed. The KM stated, "It gets changed as it's needed." The chef stated, "It's [grease in the fryer] clearly done for and needs changing now." The KM was what was on the front glass of the steam table. The KM stated, "It's old splatter." The KM was asked if she was aware there were multiple skillets, pots and pans with carbon build up on them. The KM stated, "Yes, I am aware." The KM was asked how often the base of the dish carts were cleaned and if they appeared clean to her. The KM stated, "They [dish carts] are cleaned regularly but they need more cleaning." The KM was asked if the industrial can opener was clean. The chef slid the can opener out of it's table clamp and placed on the table. The chef stated, "Rusty and lovely and dirty." The KM was then asked if she felt her kitchen was clean. The KM stated, "No."</p> <p>3. Review of 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..."</p> <p>Observations in the kitchen on 8/12/14 at 10:00 AM, revealed the chef not wearing a hair or beard restraint."</p> <p>During an interview in the kitchen on 8/12/14 at 10:00 AM, the Chef was asked if it was his</p> | F 371 | <p>Employee was instructed that beard restraint must be worn.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on usage of appropriate beard restraints.</p> <p>CDM and/or designee will perform daily audits to ensure that staff is using beard restraints. Findings will be reported to the QI Committee X 2 months, then PRN thereafter for review.</p> | 9/13/14 |

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| F 431 | Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure medications were stored properly as evidenced by unsecured medication, medications and food stored in the same refrigerator, supplies stored past their expiration date and medication stored with other supplies in 3 of 6 (medication storage room in the first floor family room, first floor chart room beside the main dining room and central supply storage room) medication storage areas. The findings included: 1. Review of the facility's "Storage of Medication" policy documented, "...2. The nursing staff shall be responsible for maintaining medication storage... 4. The facility shall not use discontinued, outdated... drugs... All such drugs should be returned to the dispensing pharmacy or destroyed... 7...Compartments... containing drugs and biologicals shall be locked when not in use... shall not be left unattended... 8...Drugs shall be stored in an orderly manner in cabinets, drawers, carts... 9...Medication must be stored separately from food..." 2. Observations in the first floor family room revealed the following: a. On 8/11/14 at 8:00 PM - the medication storage room door was open. b. On 8/13/14 at 7:45 AM - seven Phenadoz 12.5 milligram (mg) suppositories, a vial of Aplisol vial and seven 650 mg Acetaminophen 650 suppositories were stored in the refrigerator with food items. | F 431 | Expired mineral oil enemas were removed and discarded. All supplies have the potential to be affected by the deficient practice. Central Supply Coordinator will be in-serviced on maintaining an appropriate inventory log for expired supplies and for the disposal of expired supplies in Central Supply. Nursing Supply will be in-serviced on the disposal of expired supplies in the medication rooms. Central Supply Coordinator will maintain an inventory list of all dated supplies and will provide for DON's review. Nursing Staff will monitor dated supplies in medication rooms and carts weekly x 2, then monthly and will discard any expired items. Central Supply Coordinator will monitor inventory supply weekly x 2, then monthly and will discard any outdated supplies. Pharmacy Consultant will review the medication storage Areas for any outdated supplies. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review. | 9/13/14 |

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| F 431 | <p>Continued From page 8</p> <p>c. On 8/13/14 at 7:50 AM - four mineral oil enemas 4.5 fluid (fl) ounces (oz) in the cabinet were stored past the expiration date of 12/13.</p> <p>During an Interview in the Assistant Director of Nursing's (ADON) office on 8/13/14 at 2:50 PM, the Director of Nursing (DON) was asked if medications and food should be stored in the same refrigerator. The DON stated, "No." The DON was asked if outdated enemas should be stored in the medication storage room. The DON stated, "No."</p> <p>3. Observations in the first floor chart room beside the main dining room on 8/12/14 at 9:40 and 9:50 AM, revealed a 16 oz bottle of Milk of Magnesia, a pint bottle of Robafen and a 12 oz bottle of Antacid were left on the counter unattended and out of the nurse's sight.</p> <p>During an interview in the chart room on 8/12/14 at 9:50 AM, Nurse #2 was asked if the medications should be in the chart room unattended. Nurse #2 stated, "No, I was down the hall and she just brought this [Milk of Magnesia, Robafen and Antacid] from central supply and left it. I don't know why she did that."</p> <p>During an interview in the ADON's office on 8/13/14 at 2:50 PM, the DON was asked if medications should be left unattended. The DON stated, "No."</p> <p>4. Observations in the central supply storage room on 8/13/14 at 2:20 PM, revealed a bottle of Robasem DM stored in the third drawer of a plastic storage container with items such as an edema glove, a plastic bedrail, a desk wheel and other non-medication items.</p> | F 431 | <p>Milk of Magnesia, Robafen and 12 oz. bottle of Antacid was secured in appropriate storage in medication room.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on appropriate medication storage, and supervision of medications.</p> <p>Central Supply Coordinator will deliver OTC medications directly to the nurse. The nurse will sign a delivery sheet that the medication has been delivered. The nurse will immediately store the medication appropriately.</p> <p>DON and/or designee will review delivery sheets weekly x 4, then monthly to ensure compliance. DON and/or designee will audit chart rooms weekly x 4, then randomly to ensure that medications are not left by Central Supply unattended. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> <p>Robasem DM was removed and was stored in appropriate drawer.</p> <p>All medication storage areas have the potential to be affected by the deficient practice.</p> <p>Staff will be in-serviced on appropriate medication storage.</p> <p>Pharmacy Consultant will monitor monthly x 2, then PRN the central supply storage area for appropriate storage of medications. Findings will be included in the monthly pharmacy review and will be reviewed by the QI Committee x 2 months, then PRN thereafter.</p> <p>DON and/or designee will monitor medication storage areas daily x 2 weeks, then weekly x 2 weeks, then monthly x 2 months, then PRN thereafter. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> | 9/13/14 |
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| F 431 | Continued From page 9 | F 431 | | | |
| F 441 SS=E | <p>During an interview in the central supply storage room on 8/13/14 at 2:30 PM, the ADON was asked if medication should be stored in the drawer with an edema glove, a plastic bedrail, a desk wheel and other non-medication items. The ADON stated, "No."</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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</p> | F 441 | <p>Sitters #2, 3, 4, 5, 6, 7, 8, and 9 will receive a TB skin test and/or chest x-ray and personnel file will be updated to reflect compliance.</p> <p>All personnel and residents have the potential to be affected by the deficient practice.</p> <p>All personnel files will be reviewed to ensure that each staff member has a current TB skin test and/or chest x-ray in file.</p> <p>Private duty sitter policy will be included with each new admission packet and will be discussed with resident/resident representative upon admission to the facility by the Social Services Director.</p> <p>The name of any new potential private duty sitter will be e-mailed to the Staffing Coordinator, the DON and the Human Resources Director.</p> <p>The Staffing Coordinator will then complete the following: abuse registry check, TB skin test and/or chest x-ray, drug screen, abuse training, background check, and orientation prior to the sitter working with the resident.</p> <p>Human Resources Director will monitor personnel files monthly to ensure compliance and will report to appropriate department head any non-compliance.</p> <p>The DON and/or designee will review all new sitter files to ensure completion of compliance weekly x 4, monthly x 2, then PRN thereafter. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> | 9/13/14 | |

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FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445133 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 08/13/2014 |
|---|---|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111 | | |
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| F 441 | <p>Continued From page 10 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 policy review, review of personnel files and interview, it was determined the facility failed to provide documentation that sitters were free from communicable diseases prior to having contact with residents living in the facility for 8 of 20 (Sitters #2, 3, 4, 5, 6, 7, 8 and 9) personnel files reviewed.</p> <p>The findings included: Review of the facility's "Rules for Non-Registry Private Duty Personnel" policy documented, "...Only private duty personnel who are approved by the Private Duty Registry Coordinator will be allowed to report for duty... Approval will not be given until a TB [tuberculosis] screening has been completed... All private duty personnel are to have an annual health examination verifying the absence of communicable disease... This consists of a test for tuberculosis... TB skin skin tests and the chest x-ray are required on an annual basis. The chest x-ray is done if someone is unable to take the TB skin test..."</p> <p>During review of the personnel files for Sitters #2, 3, 4, 5, 6, 7, 8 and 9 the facility was unable to provide documentation these sitters were free from communicable diseases prior to having</p> | F 441 | | | |

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| F 441 | Continued From page 11 contact with residents living in the facility. During an interview in the Assistant Director of Nursing's (ADON) office on 8/13/14 at 2:30 PM, the ADON was asked at what point does the facility become involved when family members hire sitters. The ADON stated, "If sitters are paid by the family we still have requirements. They have to have the same thing... I think, I don't want to tell you wrong. They have to have those things before they come on campus." | F 441 | | |
| F 469 SS=D | 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on contract review, observation and interview, it was determined the facility failed to ensure the environment was free of pest as evidence of flies and a gnat on 1 of 3 (1st floor) floors and in 3 of 23 (Residents #4, 16 and 40) resident rooms. The findings included: 1. Review of the facility's pest control contract did not include pest control service for flies. 2. Observations in the 1st floor dining room on 8/12/14 revealed the following: a. At 7:15 AM - a fly landed on a tray of napkins and residents were swatting at flies during their | F 469 | | |

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| F 469 | <p>Continued From page 12 breakfast meal.</p> <p>b. At 7:45 AM - flies were flying around residents during breakfast with the residents swatting at the flies.</p> <p>c. At 7:48 AM - a fly landed inside Resident #11's water glass. A fly was flying around Resident #73. A resident sitting in a wheelchair wearing oxygen, swatted at a fly and stated, "These flies, can't hardly eat for swatting at them."</p> <p>d. At 12:30 PM - a fly landed on a tray containing cake and residents were swatting at flies during their meal.</p> <p>e. At 12:40 PM - a fly flying around the serving tables.</p> <p>3. Observations in the 1st floor family room on 8/12/14 revealed the following:</p> <p>a. At 8:35 AM - a fly was flying around the room and almost flew in a surveyor's mouth.</p> <p>b. At 10:30 AM - a fly in the room.</p> <p>c. At 11:05 AM - a fly in the room.</p> <p>d. At 11:30 AM - a fly flying around the room.</p> <p>4. Observations on the 1st floor on 8/12/14 at 12:42 PM, revealed a fly flying around outside the family room.</p> <p>5. Observations in the 1st floor family room on 8/12/14 revealed the following:</p> <p>a. At 4:20 PM - a fly flying around in the room.</p> <p>b. At 4:25 PM - a gnat flying around the room over food.</p> <p>6. Observations in the 1st floor family room on 8/13/14 at 7:51 AM, revealed a fly flying around the room.</p> <p>7. Observations in the 1st floor family room on 8/13/14 revealed the following:</p> | F 469 | <p>A pest control contract to include service for flies was signed.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>'Fly lights' have been installed in each dining room and at the northeast back door near the time clock at the smoking area.</p> <p>The strips in the fly lights will be changed weekly by Terminex.</p> <p>Maintenance will check all resident rooms to ensure screens are in place on all resident rooms.</p> <p>The Administrator and/or designee will ensure that all 'fly lights' are installed and functional.</p> <p>The Administrator and/or designee will ensure all residents rooms are checked to ensure screens are on windows.</p> <p>The Administrator and/or designee will monitor weekly x 4, then monthly x 2, then PRN thereafter to ensure that Terminex is changing the fly strips in the 'fly lights'. Findings will be reported to the QI Committee x 2 months, then PRN thereafter for review.</p> | 9/13/14 |
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| F 469 | <p>Continued From page 13</p> <p>a. At 10:35 AM - a fly flying around the room. b. At 2:38 PM - a fly flying around the room.</p> <p>8. Observations outside the 1st floor bathroom on 8/13/14 at 4:09 PM, revealed a fly.</p> <p>9. Observations in Resident #14's room on 8/13/14 at 4:20 PM, revealed a fly in the room.</p> <p>During an interview in Resident #4's room on 8/13/14 at 4:20 PM, Resident #4 was asked if she had seen flies in the dining room. Resident #4 stated, "Yes, to be honest with you. I have seen a fly in the last day or so." Resident #4 was asked if she had seen flies land on residents' food. Resident #4 stated, "Yes, momentarily, but someone swats at it and it flies away."</p> <p>10. Observations in Resident #16's room on on 8/13/14 at 9:58 AM, revealed a fly in the room.</p> <p>During an interview in Resident #16's room on 8/13/14 at 9:58 AM, the sitter and Resident #16 were asked if they ever see flies. Resident #16 stated, "Yes, one comes in here sometimes." The surveyor asked how often you see flies. Resident #16's sitter stated, "Everyday at breakfast, lunch and dinner." Resident #16 stated, "I swat at it [fly]." Resident #16's sitter stated, "I think I killed it [fly]."</p> <p>11. Observations in Resident #40's room on 8/13/14 at 9:40 AM, revealed a fly in the room while the treatment nurse was performing wound care for Resident #40.</p> <p>12. During an interview in the 1st floor family room on 8/13/14 at 10:45 AM, the Administrator was asked if they had a problem with flies or</p> | F 469 | | |
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| F 469 | Continued From page 14 gnats this summer. The Administrator stated, "Well we have had the occasional fly but not been a big problem." During an interview on the 1st floor on 8/13/14 at 4:07 PM, Certified Nursing Assistant (CNA) #1 was asked if she sees flies and what does she do. CNA #1 stated, "Yes. We tell maintenance and they are supposed to spray. We tell them in person and we also use work order sheets at the nurses' station." During an interview in the 1st floor family room on 8/13/14 at 4:40 PM, the Administrator stated, "The [named] pest control contract does not cover flies." | F 469 | | | |

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