

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7901	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/28/2011
NAME OF PROVIDER OR SUPPLIER ALLEN MORGAN HEALTH AND REHABILITATI		STREET ADDRESS, CITY, STATE, ZIP CODE 177 NORTH HIGHLAND MEMPHIS, TN 38111		
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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>Based on policy review, observation and interview, it was determined 1 of 3 (Nurse #2) nurses failed to disinfect a glucometer between resident use.</p> <p>The findings included:</p> <p>Review of the facility's "Decontaminating and Labeling Equipment" policy documented "...1. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturer's instructions..."</p>	N 629	<p>Glucometer was cleaned with bleach wipe immediately upon notification of the deficient practice. Eye gtt. bottle was cleaned with alcohol wipe and bag was replaced immediately upon being notified of the deficient practice.</p> <p>All licensed nursing staff have the potential to be affected by the deficient practice. All glucometers and eye gtt. have the potential to be affected by the deficient practice.</p> <p>Licensed nursing staff will be In-serviced on appropriate hand washing protocol and on use, cleaning and storage of glucometer and eye gtt. Licensed nursing staff will complete skills check off for hand washing.</p> <p>DON and/or designee will complete medication pass observations weekly x4, then monthly x2, then randomly to ensure appropriate use, cleaning and storage of glucometers and eye gtt. DON and/or designee will have licensed nursing staff to complete skills check off quarterly for hand washing technique.</p> <p>Findings will be reported to the QA & A meeting monthly x2, then PRN thereafter.</p>	01/28/12

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N 629	Continued From page 1 Review of the facility's "Blood Sampling - Capillary (Finger Sticks)" documented, "...8. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and/or devices after each use..." Review of the facility's "ASCP's [American Society of Consultant Pharmacist] Summary of Glucometer Cleaning Guidelines - February 2010" guidelines documented, "...Diabetes-care procedures and techniques... If glucometers are shared, the device must be cleaned and disinfected between each patient use... Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingerstick monitoring or insulin administration should not be used for another patient..." Observations during the medication pass in room #140 on 12/27/11 at 5:18 PM, Nurse #2 placed the glucometer and the glucometer strip container on the resident's bed without a barrier, performed a fingerstick blood sugar (FSBS), then returned to the medication cart and placed the glucometer and glucometer strip container into the drawer. Nurse #2 did not clean the glucometer or glucometer strip container before or after performing the FSBS. Observations during the medication pass in room #146 on 12/27/11 at 5:28 PM, Nurse #2 placed the glucometer and the glucometer strip container on the overbed table without a barrier, performed a FSBS, returned to the medication cart and placed the glucometer and the glucometer strip container into the drawer. Nurse #2 did not clean the glucometer or the glucometer strip container before or after performing the FSBS.	N 629		

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N 629	Continued From page 2 During an interview on the Unit 2 hall on 12/27/11 at 6:40 PM, Nurse #2 was asked if she had used a barrier for the glucometer and the glucometer strip container. Nurse #2 stated, "...No..." Nurse #2 was asked if she had cleaned the glucometer after performing FSBS on the residents in Room #140 and 146. Nurse #2 stated, "...No I didn't..." During an interview in the Conference room on Unit 2 on 12/27/11 at 8:00 PM, the Director of Nursing (DON) was asked for the manufacturer's recommendations for cleaning the glucometer. The DON stated, "...we go by this [referred to the ASCP's Summary of Glucometer Cleaning Guidelines - February 2010]..."	N 629		
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 Tennessee Code Annotated 68-11-804(c)7: All internal and external medications and preparations intended for human use shall be stored separately. 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.	N 728	The medication cart was locked immediately upon notification of non-compliance. Each nurse has the potential to be affected by the deficient practice of not securing a medication cart while administering medications. Licensed nursing staff will be in-serviced on drug storage and securing the medication cart. DON and/or designee will do random audits daily x 2 weeks, then weekly x 2 months, then PRN thereafter to ensure compliance. Findings will be reported to the QA & A meeting monthly x2, then PRN thereafter.	01/28/12

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N 728	Continued From page 3 Based on policy review, observation and interview, it was determined 1 of 3 (Nurse #1) nurses administering medications failed to ensure the medication cart was locked when unattended and out of view. The findings included: Review of the facility's "Security of Medication Cart" policy documented, "...3. When it is not possible to park the medication cart in the doorway, the cart should be parked in the hallway against the wall with doors and drawers facing the wall. The cart must be locked before the nurse enters the resident's room. 4. Medication carts must be locked at all times when out of the nurse's view..." Observations on Unit 2 hall on 12/27/11 at 11:50 AM, Nurse #1 entered room #146 and left the medication cart unlocked. Observations on Unit 2 hall on 12/28/11 at 9:30 AM, Nurse #1 entered room #142 and left the medication cart unlocked. During an interview on Unit 2 hall on 12/28/11 at 12:20 PM, Nurse #1 confirmed that the medication cart was left unlocked on 12/27/11 at 11:50 AM and on 12/28/11 at 9:30 AM.	N 728		
N 767	1200-8-6-.06(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	N 767	The expired foods were disposed of immediately upon notification of non-compliance. The food was reheated to appropriate temperature before the food cart was delivered and food was served. The thermometer was recalibrated and sanitized immediately upon notification of contamination of thermometer.	

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N 767	Continued From page 4 prepared and served and/or transported through hallways. This Rule is not met as evidenced by: Type C Pending Penalty #22 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. Based on policy review, observation and interview, it was determined the facility failed to ensure proper kitchen sanitation practices were maintained as evidenced by out-of-date food stored in a cooler and failing to clean a thermometer before taking tray line temperatures. The findings included: 1. Observations in the kitchen walk-in cooler on 12/27/11 at 9:45 AM, revealed the following food stored past the expiration date: a. Two - 3 pound (lb) tubs of cottage cheese with an expiration date of 12/10/11. b. One - 3 lb tub of cottage cheese with an expiration date of 12/17/11. c. One - 3 lb tub of cottage cheese with an expiration date of 12/21/11. d. One - 3 lb tub of cottage cheese with no expiration date legible. e. One - 1/2 gallon jug of buttermilk with an expiration date of 12/15/11. f. Two - 1/2 gallon jugs of buttermilk with an expiration date of 12/25/11.	N 767	Dietary staff will be in-serviced on stock rotation using the first-in/ first-out method. Cooks and food-prep workers will be in-serviced on the proper procedure for thermometer calibration and usage. Cooks and food-prep workers will be in-serviced on how to accurately take food temperatures according to the facility policy. The stock will be arranged according to delivery dates. Each cook and/or food-prep staff will have to do a return demonstration of thermometer calibration weekly to the dietary manager and/or designee. The kitchen manager will check food temperatures before each meal and each food cart to ensure that the proper food temperature is being maintained throughout the meal. The kitchen manager and/or designee will be responsible for checking in all stock and signing all invoices upon delivery verifying that all stock has appropriate dates and is stored in the first-in/first-out method. The CDM will do random weekly audits and will report findings to the QA & A meeting monthly x 2, then PRN thereafter. The CDM will do weekly audits of the cooks and/or food-prep staff to ensure compliance. Findings will be reported to QA & A meeting monthly x2, then PRN thereafter. The CDM will do weekly audits of the food temperatures and the food carts to ensure compliance. Findings will be reported to the QA & A meeting X 2, then PRN thereafter.	01/28/12

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N 767	Continued From page 5 During an interview in the kitchen on 12/27/11 at 9:55 AM, Dietary Manager (DM) #1 was asked how often the dietary staff check the expiration dates of the food in the cooler. DM #1 stated, "...we check it daily..." 2. Review of the facility's "TAKING FOOD TRAY TEMPERATURES" policy documented, "...TO TAKE TEMPERATURES, A CLEAN SANITIZED AND AIR-DRIED THERMOMETER IS NEEDED..." Observations in the kitchen on 12/28/11 at 12:33 PM, dietary worker #1 picked up a thermometer from the counter with the tip touching the counter and placed the thermometer in the pureed chicken without cleaning it while taking tray line temperatures. Observations in the kitchen on 12/28/11 at 12:38 PM, dietary worker #1 picked up a thermometer from the counter with the tip touching the counter and placed the thermometer in the egg plant without cleaning it while taking tray line temperatures. During an interview in the kitchen on 12/28/11 at 12:50 PM, DM #2 was asked about the facility's policy for taking tray line temperatures. DM #2 stated, "...clean the thermometer before putting it into the food..."	N 767		
N 769	1200-8-6-.06(9)(j) Basic Services (9) Food and Dietetic Services. (j) Prepared foods shall be kept hot (140°F or above) or cold (45°F or less).	N 769	The expired foods were disposed of immediately upon notification of non-compliance. The food was reheated to appropriate temperature before the food cart was delivered and food was served. The thermometer was recalibrated and sanitized immediately upon notification of contamination of thermometer.	

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N 769	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Type C Pending Penalty #33</p> <p>Tennessee Code Annotated 68-11-804(c)33: Prepared foods shall be kept hot (one hundred forty degrees Fahrenheit (140 F) or above) or cold (forty-five degrees Fahrenheit (45 F) or lower).</p> <p>Based on policy review, observation and interview, it was determined the facility failed to ensure hot foods were maintained at 140 degrees Fahrenheit (F) or above.</p> <p>The findings included:</p> <p>Review of the facility's "TAKING FOOD TRAY TEMPERATURES" policy documented, "...ALL HOT FOOD ITEMS MUST BE COOKED TO APPROPRIATE INTERNAL TEMPERATURES, HELD AND SERVED AT A TEMPERATURE OF AT LEAST 135 DEGREES F [Fahrenheit]..."</p> <p>Observations in the kitchen on 12/28/11 at 12:12 PM, revealed the following hot food tray line temperatures:</p> <ul style="list-style-type: none"> a. Mashed potatoes - 131 degrees F. b. Egg plant - 130 degrees F. c. Marinara sauce - 129 degrees F. d. Chicken - 130 degrees F. e. Country fried steak - 122 degrees F. <p>During an interview in the kitchen on 12/28/11 at 12:50 PM, DM #2 confirmed the tray line temperatures for hot foods are to be at least 135 degrees F.</p>	N 769	<p>Dietary staff will be in-serviced on stock rotation using the first-in/ first-out method. Cooks and food-prep workers will be in-serviced on the proper procedure for thermometer calibration and usage. Cooks and food-prep workers will be in-serviced on how to accurately take food temperatures according to the facility policy.</p> <p>The stock will be arranged according to delivery dates. Each cook and/or food-prep staff will have to do a return demonstration of thermometer calibration weekly to the dietary manager and/or designee. The kitchen manager will check food temperatures before each meal and each food cart to ensure that the proper food temperature is being maintained throughout the meal.</p> <p>The kitchen manager and/or designee will be responsible for checking in all stock and signing all invoices upon delivery verifying that all stock has appropriate dates and is stored in the first-in/first-out method. The CDM will do random weekly audits and will report findings to the QA & A meeting monthly x 2, then PRN thereafter.</p> <p>The CDM will do weekly audits of the cooks and/or food-prep staff to ensure compliance. Findings will be reported to QA & A meeting monthly x2, then PRN thereafter.</p> <p>The CDM will do weekly audits of the food temperatures and the food carts to ensure compliance. Findings will be reported to the QA & A meeting X 2, then PRN thereafter.</p>	01/28/12

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