Division of Health Care Facilities

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 06/17/2009
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 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 Based on policy review, observation and interview, it was determined the facility failed to ensure medications were secured in 1 of 9 (Unit 3's Medication Cart) medication storage areas. The findings included: Review of the facility's "Medication Administration General Guidelines" policy documented, "...17. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse... The cart must be clearly visible to the personnel administering medications when unlocked." Observations on Unit 3 on 6/17/09 at 4:45 PM, revealed the medication cart was opened, unlocked and unattended. Nurse #1 (responsible for the Unit 3 medication cart) was observed in room 249 out of sight of the medication cart. During an interview on Unit 3, outside room 249, on 6/17/09 at 4:45 PM, the surveyor asked Nurse #1 if she knew her medication cart was open. Nurse #1 stated, "Yes, but I was standing right there [inside the resident's room]."	N 728	N 728 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law. Immediate corrective action took place on June 17, 2009. The nurse whom the surveyor observed had the facility policy and procedure on Medication Administration reviewed with her to ensure that professional qualities are consistently met concerning properly securing the medication cart and that it is clearly visible to the person administering medications to the residents as ordered by the physician. The licensed nursing staff was in serviced on all aspects of Medication Administration and Documentation on June 30, 2009 by the QA Nurse. Random audits will be *conducted* weekly, for three months to ensure competency of nurses to adhere to the facility policy on Medication Administration will be made by the DON/ADON and her designee. Results of the random audits will be presented to the Administrator and the QI Committee for review and continued verification of compliance of this Policy.	

Division of Health Care Facilities

Klaye Wheeler-Paton

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator

(X6) DATE 7/1/09

Division of Health Care Facilities

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N 767	Continued From page 1	N 767	N767 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law. Corrective action took place on June 17, 2009. A lead cook monitor was put into place for all residents to ensure that the facility stores, prepares, distributes and serves food under sanitary conditions daily. It is confirmed by observation and audits by the lead cook that all kitchen utensils are clean, and protected from sources of contamination by staff when handling a soiled item before coming in contact with food or food service equipment, dishes, or utensils. The lead cook monitor will ensure that the cook utilizes proper hand washing procedures as required to maintain a clean and safe environment. The lead cook or his designee will monitor daily to ensure that all cooks are in compliance of sanitary food handling procedures. To ensure proper sanitary procedures are followed when measuring food temperatures, the lead cook will through observation and audit ensure the thermometer is cleaned with a new alcohol swab or washed, rinsed and dipped in a sanitizing solution after each food temperature is measured. The lead cook will monitor that should the cook drop any items on the floor, the cook will obtain a new non-contaminated item to proceed with the task. Then upon retrieving contaminated items off the floor, the cook will remove the contaminated gloves and follow proper hand washing procedure as not to expose foods, equipment, dishes, or utensils to sources of contamination.	
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 prepared and served and/or transported through hallways. This Rule is not met as evidenced by: Type C Pending Penalty #22 Based on policy review and observations, it was determined the facility failed to ensure food was protected from sources of contamination when staff failed to wash their hands after handling a soiled item and before taking food temperatures. The findings included: Review of the facility's hand washing policy documented, "When Is Hand Washing Indicated? ...2. Before handling or serving food... 4. During food preparation... 10. After handling soiled equipment, dishes, or utensils..." Observations in the kitchen on 6/17/09 at 12:00 PM, revealed the cook dropped an unopened alcohol swab on the floor. With gloved hands the cook picked the alcohol swab up off the floor, opened it, wiped the thermometer and placed the thermometer in the Scandinavian Vegetables. The cook failed to wash her hands after handling a soiled item and before taking food temperatures.	N 767		

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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). This Rule is not met as evidenced by: Type C Pending Penalty #33 Based on policy review, observation and interview, it was determined the facility failed to ensure hot foods were held at 140 degrees Fahrenheit (F) or above. The findings included: Review of the facility's food temperatures policy documented, "Procedure: 1. All food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees F... 3. Temperatures should be taken periodically to ensure hot foods stay above 135 degrees... Normally hot foods will be 165 degrees- [to] 180 degrees F or higher when removed from the cooking heat source. If held at least 160 degrees - 180 degrees F this will ensure serving at least 135 degrees or above..." Observations in the kitchen on 6/17/09 at 12:00 PM, revealed the cook measured the temperature of the hot foods on the tray line. The hot food temperatures were as follows: a. Chicken Parmesan - 120 degrees F. b. Mini Potato Pancakes - 100 degrees F. c. Scandinavian Vegetables - 120 degrees F. d. Navy Bean Soup - 120 degrees F. e. Pureed Asparagus - 120 degrees F. f. Pureed Chicken - 80 degrees F. During an interview in the kitchen on 6/17/09 at	N 769	N 767 Continued The kitchen staff will be in-serviced by the Director of Food Service on all aspects of maintaining sanitary conditions on June 30, 2009 and ongoing by the DSM. The Dietary Services Manager or designee will inspect the kitchen weekly to ensure ongoing compliance for three months. The Registered Dietitian will inspect the kitchen monthly to ensure ongoing compliance to the POC for three months. The lead cook will monitor daily to ensure the effectiveness of the POC and report any deficiencies immediately to the C D S M or her designee. The CDSM will report all findings to the Administrator. The administrator will present this information to the QI Committee monthly for review and continued verification of compliance for three months. The CDSM will then conduct random checks monthly for the next nine months and report findings monthly to the QI Committee. N769 This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law. Corrective action took place on June 17, 2009. By the Dietary Manager, a cook monitor was put into place for all residents to ensure that the facility stores, prepares, distributes and serves food under sanitary conditions in regards to food temperatures daily. It is confirmed by observation and audits by the lead cook and DM that all prepared foods will maintain proper temperatures.	

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N 769	Continued From page 3 12:15 PM, the surveyor asked the cook which thermometer she used to check the temperatures that had been done earlier. The cook stated, "This one [indicating thermometer used to obtain the above documented hot food temperatures]."	N 769	N 769 Continued To ensure proper sanitary procedures are followed when measuring food temperatures, the lead cook will through observation and audit ensure the thermometer is cleaned with a new alcohol swab or washed, rinsed and dipped in a sanitizing solution after each food temperature is measured daily for three months. Noting the results on a separate log titled the "Lead Cook Temperature Log". To ensure that foods are held at the proper serving temperatures, maintaining a minimum of 135 degrees Fahrenheit (F) or above for hot food, and 45 degrees Fahrenheit (F) or below for cold food, the lead cook will measure the food temperature to ensure that it is held at there proper degrees at the start of each meal and at the meal service midpoint. All hot food that does not register a minimum of 135 degrees will be returned to the stove and heated. The kitchen staff will be in-serviced by Director of Food Service on all aspects of maintaining sanitary conditions regarding Food Temperatures on June 30, 2009 and ongoing by the DSM. The Dietary Services Manager or designee will check the food temperatures weekly to ensure ongoing compliance. The Registered Dietitian will randomly check food temperatures monthly to ensure ongoing compliance to the POC. The lead cook will monitor the temperatures daily for the next three months to ensure the effectiveness of the POC and report any deficiencies immediately to the C D S M or her designee. The CDSM will report all findings to the Administrator for the next three months. The CDSM will then conduct random checks monthly for the next nine months and report her findings to the administrator. The administrator will present this information to the QA Committee monthly for review and continued verification of compliance for the next nine months.	