

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2014
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NAME OF PROVIDER OR SUPPLIER AVE MARIA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 CHARLES BRYAN RD BARTLETT, TN 38134
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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 765	<p>1200-8-6-.06(9)(i) Basic Services</p> <p>(9) Food and Dietetic Services.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: 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, it was determined the facility failed to ensure food was served under sanitary conditions as evidenced by 1 of 16 staff members (Activity Director) failed to practice proper hand hygiene while assisting with meals.</p> <p>The findings included:</p> <p>Review of the facility's "Handwashing" policy documented, "...Hands are to be washed before and after food preparation..."</p> <p>Observations in greenhouse home 1 on 11/17/14 at 12:40 PM, the Activity Director was serving plates of food to elders at a dining table. The Activity Director touched a chair, assisted an elder by touching the elder, touched a walker, moved a chair up to the table, returned to the serving bar to obtain another plate of food and did</p>	N 765	<p>To ensure compliance with the standard of practice regarding hand hygiene, the Activities Director has been counseled and reminded to use good hand hygiene in relation to infection control and the spread of germs. The Activities Director was verbally counseled on 11/28/14 for failing to wash her hands or use an alcohol based hand sanitizer between touching a contaminated item and serving food to a resident.</p> <p><u>PREVENTATIVE ACTION:</u> The facility will continue to maintain safe infection control practices to prevent the spread of infection during the serving of meal trays to residents. The hand washing policy specifically details how a staff person is expected to wash their hands after touching a contaminated item. The policy will be reviewed with all staff of the facility by the ADMINISTRATOR, DON, and ADON, and other department managers.</p>	
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Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Marlene Siegel</i>	TITLE Administrator	(X6) DATE December 5, 2014
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N 765	<p>Continued From page 1</p> <p>not perform handwashing before serving another elder. At 11:46 PM, the Activity Director obtained 3 more plates of food and tea and served 3 elders, touched another elder's chair returned to the serving bar touched her own shirt scratching her stomach, obtained another plate of food and served the plate to the elder without performing handwashing. At 12:50 PM, the Activity Director leaned against the serving bar, touched another elder, place a napkin in the lap of the elder, touched her own clothes again, walked over to another elder touched her own blouse, obtained another tray and moved a chair up to the table without performing handwashing.</p> <p>During an interview in the Director of Nursing's (DON) office on 11/19/14 at 4:40 PM, the DON was asked if it was acceptable practice for staff to touch the residents, move the residents and remove a plate from the bar without washing their hands. The DON stated, "No, that is not acceptable. Anytime staff touches a resident or wheelchair they should wash their hands."</p>	N 765	<p><u>QUALITY ASSURANCE PERFORMANCE IMPROVEMENT:</u></p> <p>The DON and or ADON will randomly monitor the hand hygiene practices of staff for proper infection control procedures. The DON, or her designee, will report the findings to the Administrator for the following two quarters at two quarterly QAPI meetings. Reporting shall continue if any compliance issues or patterns of concern are identified. If no compliance issues are noted as a pattern, the ADON and DON will continue to monitor to ensure compliance.</p>	12/15/14

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