

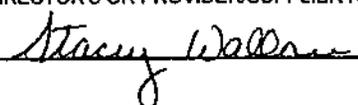
Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
--	--

(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
--------------------	--	---------------	---	--------------------

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 observation and interview, it was determined the facility failed to ensure 1 of 4 (Nurse #3) nurses disinfected a stethoscope prior to checking a feeding tube placement.</p> <p>The findings included:</p> <p>Observations in Resident #126's room on 5/14/14 at 9:14 AM, Nurse #3 cleaned the stethoscope but then hung it around her neck, and checked placement via auscultation without disinfecting the stethoscope after it was hung around her neck.</p>	N 629	<p>N 629</p> <p>1200-8-6-.06(3)(b)8. Basic Services</p> <p>Requirements:</p> <p>(3) Infection Control</p> <p>8. Water pitchers, glasses, thermometers, emesis 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>Corrective Action:</p> <p>1. Nurse #3's stethoscope was cleaned properly on 6/11/14 and the Nurse was in serviced by on 6/11/14 regarding proper cleaning techniques for disinfecting a stethoscope before/after use.</p> <p>2. On 6/13/14, 6/16/14 and 6/17/14 the Director of Nursing, Assistant Director of Nursing, and/or designee</p>	
-------	--	-------	---	--

Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6-12-14
--	------------------------	----------------------

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
---	--

(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
N 629	Continued From page 1 During an interview in the director of Nursing's (DON) office on 5/14/14 at 5:00 PM, the DON was asked what she expected her nursing staff to do with a stethoscope when checking placement of a feeding tube. The DON stated, "I expect them [nurses] to clean the stethoscope with a disinfectant wipe before using."	N 629	randomly audited licensed and registered nurses to ensure that proper cleaning techniques were being used when cleaning equipment such as stethoscopes.	
N 727	1200-8-6-.06(6)(b) Basic Services (6) Pharmaceutical Services. (b) 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. 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 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. Based on policy review, review of an Advair Diskus insert, medical record review, observation and interview, it was determined the facility failed to provide proper medication storage as evidenced by medications being left on bedside table unattended and out of the nurses view, medication stored uncapped and opened and	N 727	3. The Director of Nursing in serviced the Licensed and Registered Nurses on 6/13/14 and 6/14/14 regarding proper cleaning techniques for disinfecting a stethoscope before/after use. 4. The Director of Nursing, Assistant Director of Nursing and/or designee will randomly monitor weekly for 3 months to ensure that equipment is being properly cleaned before/after use. The Director of Nursing will report their findings to the QA Committee consisting of the Medical Director, Administrator, Director of Nursing, Assistant Directors of Nursing, MDS Coordinators, Staffing Coordinator, Dietary Supervisor, Social Worker, Maintenance Supervisor, and Activity Coordinator. If compliance is not met the QA team will re-in-service the Licensed and Registered Nurses and will continue monitoring until substantial compliance is achieved. Completion Date: 6/18/14	6/18/14

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018		
(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
N 629	Continued From page 1 During an interview in the director of Nursing's (DON) office on 5/14/14 at 5:00 PM, the DON was asked what she expected her nursing staff to do with a stethoscope when checking placement of a feeding tube. The DON stated, "I expect them [nurses] to clean the stethoscope with a disinfectant wipe before using."	N 629		
N 727	1200-8-6-.06(6)(b) Basic Services (6) Pharmaceutical Services. (b) 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. 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 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. Based on policy review, review of an Advair Diskus insert, medical record review, observation and interview, it was determined the facility failed to provide proper medication storage as evidenced by medications being left on bedside table unattended and out of the nurses view, medication stored uncapped and opened and	N 727	N 727 1200-8-6-.06(6)(b) Basic Services Requirements: (6) Pharmaceutical Services. (b) 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. Corrective Action: 1. a.) For resident #125 the unopened bottle of Latanoprost ophthalmic solution were removed by the charge nurse from the room on 5/13/14. b.) Nurse #3 was in serviced by Director of Nursing on 6/11/14 regarding not leaving medication out of view while washing hands. c.) The opened, uncapped container of Vasolex stored	

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
---	--

(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
--------------------	--	---------------	---	--------------------

N 727	<p>Continued From page 2</p> <p>undated inhalers stored in 2 of 5 (100 and 200 hall medication carts) medication storage areas.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Review of the facility's "...MEDICATION STORAGE..." policy documented, "...Medications must be properly stored in medication rooms or medication carts and must be securely locked when not in use..." 2. Observations in Resident #125's room on 5/13/14 at 9:30 AM, 10:00 AM and 10:30 AM, revealed a bottle of unopened Latanoprost (Xalatan) ophthalmic solution left unattended on the bedside table out of the nurses' view. <p>During an interview in the 300 hall on 5/13/14 at 10:30 AM, Nurse #3 was asked if the eye drops on the bedside table belong to Resident #125. Nurse #3 stated, "They are." Nurse #3 was asked if they should be on her nightstand. Nurse #3 stated, "No they should not."</p> <ol style="list-style-type: none"> 3. Observations in Resident #126's room on 5/14/14 at 9:13 AM, Nurse #3 left medications unattended and out of sight 5 times during the medication administration when she went to wash her hands. <p>During an interview in the Assistant Director of Nursing (ADON) office on 5/14/14 at 10:15 AM, the ADON was asked what she expected the nurses to do with medications during hand washing during medication administration. The ADON stated, "I expect them to never leave them [medications] unattended at bedside."</p> <ol style="list-style-type: none"> 4. Observations on the 100 hall on 5/12/14 beginning at 2:45 PM, revealed an opened, 	N 727	<p>on the back of 100 Hall medication cart was discarded by the Assistant Director of Nursing on 5/12/14. d.) The undated Advair Diskus inhaler stored on 200 Hall medication cart was removed by the Assistant Director of Nursing on 5/12/14.</p> <ol style="list-style-type: none"> 2. a.) On 6/13/14, 6/16/14 and 6/17/14 the Director of Nursing, the Assistant Director of Nursing and/or designee completed a room check to ensure that no medication were left in resident rooms. b.) On 6/13/14, 6/16/14 and 6/17/14 the Director of Nursing, the Assistant Director of Nursing and/or designee completed a med pass audit. c.) On 6/13/14 the Director of Nursing and/or designee completed a medication cart audit to ensure that every medication/ointment was properly capped and stored. d.) On 6/13/14 the Director of Nursing and/or designee completed a medication cart audit to ensure that there were no undated or out of date medications found on the carts. 3. The Director of Nursing in serviced the Licensed and Registered Nurses on 6/13/14 regarding that medication should not be left unattended by 	
-------	--	-------	---	--

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER APPLINGWOOD HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1536 APPLING CARE LANE CORDOVA, TN 38018
---	--

(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
N 727	<p>Continued From page 3</p> <p>uncapped container of Vasolex stored in the bottom of the 100 hall medication cart for rooms 107 through 120.</p> <p>5. Review of an Advair Diskus drug insert documented, "...HOW SUPPLIED / STORAGE AND HANDLING... Discard ADVAIR DISKUS 1 month after opening the foil pouch or when the counter reads "0" ...whichever comes first..."</p> <p>Observations on the 200 hall on 5/12/14 beginning at 2:45 PM revealed 2 opened and undated Advair Diskus inhalers stored on the 200 hall medication cart for rooms 201 through 211.</p>	N 727	<p>resident bedside; that when dispensing medication they should never turn your back from unsecured medications; medication should be properly stored with a properly working cap; and opened medications needs to be dated/destroyed per manufacture guidelines.</p> <p>4. The Director of Nursing, Assistant Director of Nursing and/or designee will randomly monitor weekly for 3 months to ensure that medications are not left unattended in resident's room, that medication is stored correctly with a cap and that medication is dated when opened per manufactures guidelines. The Director of Nursing will report their findings to the QA Committee consisting of the Medical Director, Administrator, Director of Nursing, Assistant Directors of Nursing, MDS Coordinators, Staffing Coordinator, Dietary Supervisor, Social Worker, Maintenance Supervisor, and Activity Coordinator. If compliance is not met the QA team will re-in-service the Licensed and Registered Nurses and will continue monitoring until substantial compliance is achieved.</p> <p>Completion Date: 6/18/14</p>	6/18/14