

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>445402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEDROCKHC AT SPRING MEADOWS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>220 HIGHWAY 76 CLARKSVILLE, TN 37043</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to develop a comprehensive Care Plan to reflect the resident's current status for antidepressant, anticoagulant, and antianxiety medication use for 2 of 21 sampled residents (Resident #21 and #28) reviewed. The findings include: Review of the facility's undated policy titled, Comprehensive Care Plan, showed, .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident .The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS (Minimum Data Set) assessment . 1. Review of the medical record, showed Resident #21 had [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED].[MEDICATION NAME] (an antidepressant) .50 mg (milligram) .QHS (every hour of sleep) . Review of the medical record, showed there was not a comprehensive Care Plan to reflect Resident #21's use of antidepressant medications. During an interview conducted on 3/12/2020 at 8:47 AM, the Minimum Data Set (MDS) Coordinator confirmed that the use of an antidepressant medication should have been on the comprehensive Care Plan. 2. Review of the medical record, showed Resident #28 had [DIAGNOSES REDACTED]. Review of the physician's orders [REDACTED].[MEDICATION NAME] (an antianxiety medication) 0.5 mg .oral .prn (as needed) . Review of the physician's orders [REDACTED].[MED] (an anticoagulant) 5 mg .oral .bid (twice daily) . Review of the medical record, showed there was not a comprehensive Care Plan to reflect Resident #28's use of antianxiety and anticoagulant medications. During an interview conducted on 3/12/2020 at 8:47 AM, the MDS Coordinator confirmed that the use of an antianxiety and anticoagulant medication should have been on the comprehensive Care Plan.		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to document assessments and follow physician's orders [REDACTED].#77) reviewed with pressure injuries. The findings include: Review of the facility's undated policy titled, Pressure Injury Prevention And Management, showed, .Assessments of pressure injuries will be performed by a licensed nurse, and documented .The RN (Registered Nurse), or designee, will review all relevant documentation regarding skin assessments .and compliance at least weekly, and document a summary of findings in the medical record . Review of the medical record review, showed Resident #77 had [DIAGNOSES REDACTED]. Review of a physician's orders [REDACTED].#77 had orders to, .Clean unstageable wound to left medial heel with NS (normal saline), dry. Paint area with [MEDICATION NAME], cover with non-adherent pad . Review of the January 2020 Treatment Administration Record (TAR) showed, that there was no documentation the treatment had been performed on 1/28/2020. Review of the Goals of Care physician progress notes [REDACTED].Per report legs have increasingly been restless, patient noted to be involuntarily moving/shifting legs in bed and when in geri-chair. FN (floor nurse) says this has been steadily been worsening and has subsequently caused left heel wound. moon boots are in place, however, patient continues to move/shift legs when resting in bed and in geri-chair .Unavoidable breakdown . Review of The Wound Evaluation for the Unstageable pressure injury to the left heel dated 1/29/2020, showed, .Measure and document status weekly on appearance, drainage .of unstageable wound to medical (medial) aspect of left heel . The facility was unable to provide pressure ulcer assessments with measurements for Resident #77's pressure injury from 1/28/2020 to 3/3/2020. The Treatment-Wound Evaluation dated 3/3/2020, showed, .Unstageable .3.5 .4.5 .wound remains covered with eschar and cannot be visualized . Review of the physician's orders [REDACTED].Clean wound to left medial (medial) heel with NS, Dry. Apply [MEDICATION NAME] dampened gauze over wound bed and cover with foam pad. Secure all with [MEDICATION NAME] gauze .Change dressing QOD (every other day) and PRN (as needed) if soiled . Observation in the resident's room during wound care on [DATE]20, beginning at 4:23 PM, showed the Director of Nursing (DON) performed a dressing change to Resident #77's left medial heel. The DON failed to perform the dressing change according to the physician's orders [REDACTED]. During an interview conducted on 3/11/2020 at 10:58 AM, the DON was asked when she was aware of Resident #77's pressure injury. The DON stated, .1/28/20 (2020) .I wrote an order for [REDACTED]. The DON stated, Yes. The DON was asked if she expected physician's orders [REDACTED].		
F 0695  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide safe and appropriate respiratory care for a resident when needed.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to obtain a physician's order for oxygen therapy for 1 of 1 sampled residents (Resident #83) reviewed for oxygen. The findings include: Review of the facility's undated policy titled, OXYGEN ADMINISTRATION, showed, .Oxygen is administered to residents who need it, consistent with professional standards of practice . Review of the medical record, showed Resident #83 had [DIAGNOSES REDACTED]. Review of the admission Minimum Data Set ((MDS) dated [DATE], showed that Resident #83 received oxygen therapy. Review of the medical record, showed that there was not a Physician's Order for oxygen. Observation in the resident's room on [DATE]20 at 11:35 AM and 3:18 PM, and on 3/10/2020 at 8:14 AM, showed Resident #83 was receiving oxygen per bi-nasal cannula (BNC) at 4 liters per minute (L/Min). During an interview conducted on 3/10/2020 at 11:11 AM, the Director of Nursing (DON) confirmed Resident #83 did not have a physician's order for oxygen.		
F 0802  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</b> Based on policy review, record review, observation, and interview, the facility failed to employ sufficient staff with the appropriate competencies and skills to carry out the functions of the food and nutrition services for 3 of 3 (Cook #1, Dietary Aide #1, and Dietary Manager) Kitchen staff observed performing sanitizer testing. This had a potential to affect 85 of the 89 residents receiving meals from the kitchen. The findings include: Review of the facility's undated policy titled, Manual Ware Washing - 3 Compartment Sink, showed, .The facility utilizes a 3 compartment sink to wash, rinse, and sanitize pots, pans and other utensils to prevent the spread of bacteria that may cause food borne illness .Third step: Sanitizing with .chemical sanitizing solution used according to manufacturer's instructions . Observation and interview in the Kitchen on [DATE]20 at 10:53 AM, the Dietary Manager stated that they had not had the correct strips to test the 3 compartment sink. The Dietary Manager performed a test for pH (acid base balance). The Dietary Manager confirmed the chemical supply company had provided her with the pH strips and they had not been testing for the sanitizer since they were out of the correct strips. The facility used Quaternary Sanitizer in the 3 compartment sink. Review of the facility's sanitizer poster over the 3 compartment sink showed that the sanitizer test strips should read between 150-400 parts per		

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

TITLE

(X6) DATE

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.

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F 0802  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1) million (ppm). The poster documented, Dip test paper for 10 seconds in test solution .Compare colors immediately with colors on the test paper package to determine ppm. ALWAYS COMPARE AGAINST PACKAGE SCALE .Testing solution should be between 150-400 ppm . The test strips used and the poster did not have a value of 120. The values were 0, 150, 200, or 400.</p> <p>Review of the facility's Sanitization Control Log for the Three-Compartment Sink showed, .record the ppm's of sanitizing solution in final rinse .if chemical sanitization used .Quaternary .150-200 . Review of the facility's Sanitizing Sink Temperature/Chemical Record showed that all sanitizer readings were performed daily between 2/1/2020 to 3/10/2020 and were documented as 120. Observation in the Kitchen on 3/10/2020 at 10:42 AM, showed Cook #1 was washing pots and pans in the 3 compartment sink. Cook #1 was asked if she performed the check of the sanitizer in the third compartment. Cook #1 stated, yes, but we have been out of the strips for about a week (prior to the survey) . Cook #1 performed the test strip and the strip actually read 200 ppm. Cook #1 stated, I know it is suppose to be 120-150. Cook #1 was asked what she was going to chart as the result. Cook #1 stated, 120, but it is a little darker . Observation and interview on 3/10/2020 at 3:06 PM, Dietary Aide #1 performed a sanitizer test strip that read 150. Dietary Aide #1 was asked what the test strip for the sanitizer should read. She stated, 120. During an interview with the Dietary Manager on 3/10/2020 at 3:40 PM, the Dietary Manager was asked where the reading of 120 originated. The Dietary Manager stated, I always estimated 120. It has always been 120-130 . The Dietary Manager was asked how the 120 was calculated since there was no mark for 120 on the test strip. The Dietary Manager stated, I estimate when it isn't that dark . The Dietary Manager confirmed the sanitizer should read at least 150 and they had been recording the test results incorrectly. During an interview with the Registered Dietician (RD) on 3/11/2020 at 10:56 AM, the RD was asked who was responsible to oversee and train the Dietary Manager. The RD stated, I don't know . The RD confirmed she had reviewed the dish washing sanitation logs and that the Kitchen staff should have known how to test the sanitizer and document it properly. During an interview with the Administrator on 3/11/2020 at 3:52 PM, the Administrator was asked who should inservice the Dietary Manager regarding kitchen requirements. The Administrator stated, .the RD .</p>		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on facility policy review, Registered Dietician contract review, record review, observation, and interview, the facility failed to maintain proper kitchen sanitation when 2 of 6 Kitchen staff (Dietary Aide #2 and #3) had unrestrained facial hair, food was open to air in the freezer, and 2 of 3 Kitchen staff (Cook #1 and Dietary Aide #1) did not record the correct 3 compartment sink sanitizer results. This had a potential to affect 85 of the 89 residents receiving meals from the Kitchen. The findings include: Review of the facility's policy titled, (Named Nursing Home) Food Safety Requirements, dated 3/1/2019, showed, .Refrigerated storage .or placed in freezer .Keeping foods covered or in tight containers .Dietary staff must wear hair restraints .hairnet .beard restraint . Review of the facility's Registered Dietician contract showed, .The program manager will provide guidance and training to the Dietary Manager .in all areas of kitchen management .(Named Corporation) will oversee management .assure regulatory compliance in-service training . 1. Observation in the Kitchen on [DATE]20 at 10:53 AM and 3/10/2020 at 3:06 PM, showed Dietary Aide #2 had unrestrained facial hair. Observation in the Kitchen on 3/10/2020 at 3:36 PM, showed Dietary Aide #3 had unrestrained facial hair. During an interview on 3/11/2020 at 7:48 AM, the Dietary Manager confirmed that facial hair should be covered with a hair restraint. 2. Observation in the Kitchen on [DATE]20 at 10:53 AM, showed frozen fish and scrambled frozen egg patties open to the air in the walk-in freezer. Observation in the Kitchen on 3/10/2020 at 10:55 AM, showed frozen scrambled egg patties open to the air in the walk-in freezer. During an interview on 3/11/2020 at 7:48 AM, the Dietary Manager confirmed that food should not be open to the air in the freezer. 3. Observation in the Kitchen on [DATE]20 at 10:53 AM, showed the facility used Quaternary Sanitizer in the 3 compartment sink. Review of the facility's sanitizer poster over the 3 compartment sink showed that the sanitizer test strips should read between 150-400 parts per million (ppm). The poster documented, Dip test paper for 10 seconds in test solution .Compare colors immediately with colors on the test paper package to determine ppm. ALWAYS COMPARE AGAINST PACKAGE SCALE .Testing solution should be between 150-400 ppm . The test strips used and the poster did not have a value of 120. The values were 0, 150, 200, or 400. Review of the facility's Sanitization Control Log for the Three-Compartment Sink showed, .record the ppm's of sanitizing solution in final rinse .if chemical sanitization used .Quaternary .150-200 . Review of the facility's Sanitizing Sink Temperature/Chemical Record, showed all sanitizer readings were performed daily between 2/1/2020 to 3/10/2020 and were documented as 120. Observation and interview in the Kitchen on 3/10/2020 at 10:42 AM, showed Cook #1 was washing pots and pans in the 3 compartment sink. Cook #1 was asked if she performed the check of the sanitizer in the third compartment. Cook #1 stated, yes, but we have been out of the strips for about a week (prior to the survey) . Cook #1 performed the test strip and the strip actually read 200 ppm. Cook #1 stated, I know it is suppose to be 120-150. Cook #1 was asked what she was going to chart as the result. Cook #1 stated, 120, but it is a little darker . Observation and interview on 3/10/2020 at 3:06 PM, Dietary Aide #1 performed a sanitizer test strip that read 150. Dietary Aide #1 was asked what the test strip for the sanitizer should read. She stated, 120. During an interview with the Dietary Manager on 3/10/2020 at 3:40 PM, the Dietary Manager was asked where the reading of 120 originated. The Dietary Manager stated, I always estimated 120. It has always been 120-130 . The Dietary Manager was asked how the 120 was calculated since there was no mark for 120 on the test strip. The Dietary Manager stated, I estimate when it isn't that dark . The Dietary Manager confirmed the sanitizer should read at least 150. During an interview with the Dietary Manager on 3/11/2020 at 7:48 AM, the Dietary Manager was asked if the 3 compartment sink sanitizer should be tested and recorded accurately. The Dietary Manager stated, Yes.</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure measures to prevent the potential spread of infection were followed when 2 of 2 nurses (Director of Nursing (DON) and Licensed Practical Nurse (LPN) #1) failed to perform proper hand hygiene for 2 of 4 sampled residents (Resident #77 and Resident #189) observed during wound care and isolation, and when 1 of 1 nurses (LPN #2) failed to properly dispose of a contaminated lancet for 1 of 1 sampled resident (Resident #86) observed during blood glucose monitoring. The findings include: 1. Review of the facility's undated policy titled, Clean Dressing Change, showed, .12. Cleanse the wound as ordered .13. Measure wound .14. Wash hands and put on clean gloves .16. Secure dressing . Review of the medical record, showed Resident #77 had [DIAGNOSES REDACTED]. Review of the Physician order [REDACTED].Clean wound to left medical (medial) heel with NS (normal saline), Dry. Apply [MEDICATION NAME] dampened gauze over wound bed and cover with foam pad. Secure all with .gauze .Change dressing QOD (every other day) and PRN (as needed) if soiled . Observation in the resident's room on [DATE]20 at 4:23 PM, showed the DON performed a dressing change to Resident #77's left medial heel. The DON donned gloves, removed a dressing with a moderate amount of drainage, removed her gloves, and did not perform hand hygiene. The DON donned new gloves, cleansed the wound, and applied a clean dressing. During an interview conducted on 3/11/2020 at 3:02 PM, the DON was asked if a clean dressing should be applied to a wound without performing hand hygiene. The DON stated, .No I did not realize I failed to perform hand hygiene between cleaning the wound and applying the new dressing . 2. Review of the facility's undated policy titled, Hand Washing, showed, HANDWASHING MUST BE DONE .On leaving an isolation area . Review of the facility's policy titled, Hand Hygiene Table, dated 2019, showed hands should be washed with soap and water after exposure to [MEDICAL CONDITION] (C. Diff). Review of the medical record, showed Resident #189 had [DIAGNOSES REDACTED]. Diff, Transient Cerebral Ischemic Attack, Cognitive Communication Deficit and Anxiety. Review of the Care Plan dated 3/8/2020, showed, .[MEDICAL CONDITIONS], requiring contact isolation . Review of the Physician order [REDACTED].#1 did not wash her hands. LPN #1 was asked if she had washed her hands prior to leaving the room. LPN #1 stated, No, I shed my stuff (PPE) and come out and used sanitizer . During an interview conducted on 3/11/2020 at 8:40 AM, the DON was asked what should be done after removing PPE and leaving a room when a resident is in isolation for[DIAGNOSES REDACTED]. The DON stated, Wash your hands and make sure you have a barrier to open up any door surfaces During an interview conducted on 3/11/2020 at 11:25 AM, the DON confirmed Resident #189 was in isolation for[DIAGNOSES REDACTED]. 3. Review of the facility's undated policy titled, Syringe and Needle Disposal, showed, .Immediately after use, syringes and needles are placed into puncture resistant, one-way containers (sharps) specifically designed for that purpose . Observation and interview in Resident #86's room on 3/10/2020 at 12:00 PM, showed LPN #2 performed a blood glucose check and disposed of</p>		

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 2)</p> <p>the lancet and glucose strip in the trash can inside the resident's bathroom. LPN #2 was asked if it is acceptable to dispose of the lancet in the trash. LPN #2 stated, .I guess not .</p>		