

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/20/2024
NAME OF PROVIDER OR SUPPLIER  Ahc West Tennessee Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 597 West Forest Avenue Jackson, TN 38301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49269</p> <p>Based on policy review, observation, and interview, the facility failed to ensure medications were properly stored and secured when 1 of 6 staff members (Registered Nurse (RN A) left medications unattended at the resident's bedside, and when unused medications were taped and placed back into the medication cart, and when 1 of 6 medication carts was left unlocked and unattended during medication administration.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Review of the facility's policy titled Medication Administration: Medication, Controlled and Biological Storage . dated 9/5/2023, revealed .It is the policy of this facility to ensure all medications housed on our premises shall be stored in the .medication rooms according .segregation and security .The medications shall be labeled in accordance with accepted professional principles to include .during a medication pass, medications must be under the direct observation of the person administering medications or locked in the medication storage area or cart .Unused medications: These medications are destroyed .</li> <li>2. During an observation during medication administration on 6/20/2024 at 7:23 AM, RN A was observed preparing medications for Resident #211. RN A was observed removing 2 tablets out of a multi-dose package, leaving 1 tablet in the package. RN A applied tape and returned the medication package to the medication cart. RN A stated that the medication that was returned to the cart was the resident's Folic Acid that was not due at this time. RN A entered resident's room leaving the medication cart unlocked, unattended and out of sight outside the resident's room on the A Hall of the 1st floor. RN A placed the medications on the resident's bedside table and went into the resident's bathroom leaving the medications unattended and out of sight.</li> <li>3. During an interview on 6/20/2024 at 5:06 PM, the Director of Nursing (DON) confirmed that the medication carts should not be left unlocked or unattended. The DON was asked should nursing staff leave medications at the resident's bedside unattended. The DON stated, No. The DON was asked what should staff do with unused medications. The DON confirmed that unused medications should be discarded and not taped.</li> </ol>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49269</b></p> <p>Based on policy review, medical record review, observation, and interview, the facility failed to ensure practices to prevent the potential spread of infection were maintained when a Registered Nurse (RN A) failed to perform hand hygiene during medication administration and failed to wear Personal Protective Equipment (PPE) for 1 of 2 sampled residents (Resident #211) reviewed for enhanced barrier precautions.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Review of the facility's policy titled, Medication Administration dated 8/4/2023, revealed .Medications administered via [by way of] feeding tube: Follow infection control precautions and related techniques to minimize the risks of contamination .</li> <li>Review of the facility's policy titled, Transmission Based Precautions, dated 4/1/2024, revealed .It is our policy to take appropriate precautions to prevent transmission of infectious agents. An order for enhanced barrier precautions shall be obtained for residents with any . feeding tubes .even if the resident is not known to be infected .Implementation of Enhanced Barrier Precautions .Make gowns and gloves available .High contact resident care activities include .device care or use, feeding tubes .</li> <li>Review medical record revealed Resident #211 was admitted to the facility on [DATE], with diagnoses of Ataxia, Chronic Obstructive Pulmonary Disease, Anxiety, Quadriplegia, and Gastrostomy.</li> <li>Review of the Care Plan dated 6/13/2024 revealed .At risk for compromised nutritional status .receiving tube feedings .Check tube placement by aspiration before giving feeding .Monitor feeding tube site for redness or signs of infection .</li> <li>Review of the Physician's Order dated 6/12/2024, revealed Jevity 1.5 [tube feeding supplement] at 30cc/hr [cubic centimeters per hour]</li> <li>Observation during medication administration on 6/20/2024 at 7:23 AM, RN A prepared Resident #211's medications and donned and doffed gloves without performing hand hygiene prior to entering resident's room. RN A performed medication administration via peg tube without a gown PPE on.</li> <li>During an interview on 6/20/2024 at 5:06 PM, the Director of Nursing (DON) confirmed that any residents with an artificial opening or an indwelling device should be in enhanced barrier precautions. The DON confirmed that a sign and supplies should be present on all residents' door in Enhanced Barrier Precautions. The DON was asked what PPE should be worn when administering medications via peg tube. The DON confirmed that gloves and a gown should be worn.</li> </ol>