

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Greystone Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 181 Dunlap Road Blountville, TN 37617	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37078</p> <p>Based on facility documentation review, observation, and interview the facility failed to use a disinfectant according to the manufacturer's instructions on 1 of 3 hallways observed for disinfectant use to prevent the spread of candida auris and other infectious organisms.</p> <p>The findings include:</p> <p>Review of facility undated document titled, Healthcare SERVICES GROUP, revealed .PURPOSE: To teach environmental Services employees the proper cleaning method to sanitize .any area in a healthcare facility . when using cleaning products always refer to the manufacturer's recommended dwell time. Dwell time .is how long a chemical needs to be in contact with the surface in order to effectively sanitize or disinfect .</p> <p>Review of facility undated document titled .VIRASEPT . revealed .is a .Detergent-Disinfectant . Effective in 4 minutes .Apply Virasept with a coarse trigger sprayer, cloth .or by soaking to thoroughly wet surface .Allow surface to remain wet for at least 4 minutes .</p> <p>During an observation on 4/2/2025 at 2:30 PM, on the 100 hall, Housekeeper M was observed disinfecting the entrance doorknob to room [ROOM NUMBER] the housekeeper sprayed Virasept cleaning solution on a washcloth, wiped the doorknob with the washcloth, then sprayed the doorknob with the Virasept cleaning solution the doorknob was dry within 3 minutes the housekeeper did not respray the doorknob with the solution at any time in order to keep the doorknob wet for at least 4 minutes per the manufacturer's instructions.</p> <p>During an interview on 4/2/2025 at 2:00 PM, The Housekeeping Manger stated .we have the Vircept that we use we spray the surface, and we got to let it set for 4 minutes it has to be wet for 4 minutes and then we wipe it .</p> <p>During an interview on 4/2/2025 at 2:25 PM, Housekeeper M stated .it's [the doorknob surface] supposed to be wet for 4 minutes .I did see it wasn't wet .it was dry before 4 minutes . and the doorknob was not properly disinfected according to the manufacturer's instructions.</p>

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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