

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Elk River Health & Rehabilitation of Fayetteville		STREET ADDRESS, CITY, STATE, ZIP CODE 4081 Thornton Taylor Parkway Fayetteville, TN 37334	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46532</p> <p>Based on facility policy review, temperature log review, facility documentation review, observation, and interview, the facility failed to minimize the potential for foodborne illness transmission by not properly cleaning and sanitizing the inner components of the ice machine for residents in the facility. The facility failed to store milk at the appropriate temperature at or below 41 degrees Fahrenheit (F) for residents who consume milk.</p> <p>The findings include:</p> <p>Review of the undated facility policy titled, Food Receiving and Storage, revealed, .Foods shall be received and stored in a manner that complies with safe food handling practices .Refrigerated foods must be stored below 41 [degrees] F unless otherwise specified by law .Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day by the food and nutrition services manager or designee and documented according to state-specific requirements .</p> <p>Review of the facility policy titled FOOD STORAGE, dated 12/20/2019, revealed, .Improper storage of Time/Temperature Controlled for Safety (TCS) foods can affect you or even worse, get a resident sick . These foods must be maintained at the proper temperature, typically 41 [degrees] F of [or] below .</p> <p>Review of the TELS [maintenance tracking system] report dated 6/7/2024 revealed, .Ice Machine: Check filters (if present), clean coils, sanitize interior, delime [to free from lime] as necessary. Marked done on time by [Named Maintenance Director] .Check water filter (if present) .Clean Coils .Re-install panel cover and return unit to service .Sanitize Interior 1. Sanitize interior of machine per manufacturer's instructions. 2. Clean out and sanitize the ice bin .Clean Exterior .Date service tag when service is completed .</p> <p>Observation and interview on 7/8/2024 at 10:18 AM revealed the Dietary Manager (DM) conducted a temperature check on a carton of milk in the cooler. The milk temperature was 45 degrees F. The DM confirmed that the milk's temperature should be at or below 41 degrees F.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Elk River Health & Rehabilitation of Fayetteville		STREET ADDRESS, CITY, STATE, ZIP CODE 4081 Thornton Taylor Parkway Fayetteville, TN 37334	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation and interview on 7/8/2024 at 10:41 AM with the DM revealed the ice machine on the 200 Hall had yellow stains on the inside cover panel with dark specks on the bottom of the panel dripping into the ice. The DM was asked who is responsible for cleaning and providing maintenance to the ice machine and were there any other ice machines in the building. The DM stated that maintenance is responsible for cleaning and providing maintenance to the ice machine and that the 200 Hall ice machine is the only ice machine in the building.</p> <p>Observation and interview on 7/8/2024 at 11:40 AM revealed, the Regional Clinical Director of Nurses stated that the yellow stains with dark specks should not be in the ice machine.</p> <p>During an interview on 7/10/2024 at 8:03 AM revealed, the Maintenance Director stated that he is responsible for cleaning and checking the ice machine every 3 months. He stated he typically depends on the facility's staff to let him know in between times if anything is wrong with the ice machine. The Maintenance Director stated that no one had notified him about the ice machine needing to be cleaned before Monday [7/8/2024] of the state survey. The Maintenance Director stated he uses TELS to track the servicing for the ice machine and that the last service was done at the beginning of June 2024.</p> <p>During an interview on 7/10/2024 at 7:26 PM, the Administrator stated that she expects her staff to notify the Maintenance Director when the ice machine needs to be cleaned or if there are any mechanical issues.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Elk River Health & Rehabilitation of Fayetteville		STREET ADDRESS, CITY, STATE, ZIP CODE 4081 Thornton Taylor Parkway Fayetteville, TN 37334	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44724</p> <p>Based on facility policy review, medical record review, observation and interview, the facility failed to maintain a complete and accurate medical record for 1 (Resident #9) of 4 residents reviewed for administration of controlled drugs.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Controlled Substances, dated 4/2019 revealed, .Controlled substances are reconciled upon .administration .The nurse administering the medication is responsible for recording .Name, strength and dose of the medication .Time of administration .Method of administration .Quantity of the medication remaining .and Signature of nurse administering medication .</p> <p>Review of the medical record revealed Resident #9 was admitted to the facility on [DATE] with diagnosis which included Morbid Obesity and Muscle Weakness.</p> <p>Review of the Medication Administration Record (MAR) dated July 2024 revealed an order for Gabapentin 300 mg (milligram) capsule one capsule by mouth three times a day for pain at 7:00 AM, 1:00 PM, and 7:00 PM. Continued review of the MAR revealed an order for Percocet 5-325 mg tablet one tablet by mouth every 6 hours as needed for pain.</p> <p>During an observation of medication administration on 7/9/2024 at 8:30 AM, a random narcotic drug count was performed with Licensed Practical Nurse (LPN) G.</p> <p>The narcotic count on 7/9/2024 at 8:32 AM, revealed Resident #9 had 1 Gabapentin 300 mg capsule and 1 Percocet 5-325 mg tablet not accounted for on the narcotic count sheet. LPN G stated, Oh, I was going to sign those out, but I forgot. I gave them at 7:00 AM. LPN G was asked when a controlled drug should be signed out of the narcotic count book. LPN G stated, I should have signed it out as soon as I pulled it out to give. Review of the MAR revealed Gabapentin 300 mg and Percocet 5-325 mg tablet had been administered as given at 7:00 AM prior to this narcotic count.</p> <p>During a telephone interview on 7/9/2024 at 2:22 PM, the Pharmacist stated, The nurse should have signed out the narcotic as she gave the medications.</p>		