

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50611</p> <p>Based on policy review, observation, kitchen sanitation logs, and interviews, the facility failed to ensure food was stored, prepared, and served under sanitary conditions when opened, undated, and expired food items were found, the 3 compartment sink sanitation system was not working properly, kitchen sanitation logs were incomplete, and carbon build up was observed on cookware. The facility had a census of 76, and 76 of those residents received a meal tray from the kitchen.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Dietary Cleaning, dated [DATE], revealed .the CDM [Certified Dietary Manager] /Kitchen Supervisor is responsible for maintaining a cleaning schedule to indicate which equipment and areas to be cleaned and at what frequency .Cleaning surfaces, equipment or utensils involves the use of hot water and detergents .Sanitizing can occur by applying heat and/or chemicals for enough time to reduce bacterial count on .dishware, utensils .pots and pans .the weekly cleaning schedule shall be used to document when a cleaning assignment is completed .the CDM/Kitchen Supervisor shall audit the cleaning schedule for completeness .shall conduct sanitation/safety inspections/kitchen observations .</p> <p>Review of the facility policy titled, Dietary Food Storage, dated [DATE], revealed .food shall be stored in accordance with professional standards for food service safety .leftover food items are stored in appropriate containers .they are covered, labeled, and dated .used within three days .opened food items in dry storage should be stored in a closed container to prevent contamination .all stored items should have an expiration date .refrigerated, ready-to-eat, potentially hazardous food .prepared and packed by a food processing plant shall be clearly marked at the time the original container is opened .</p> <p>Review of the facility policy titled, Dietary: Manual Ware Washing-3 Compartment Sink, dated [DATE], revealed .a three-compartment sink is used to manually wash, rinse, and sanitize cookware to prevent the spread of bacteria that may lead to food borne illness .Procedure .fill with hot water .or use chemical sanitizer .detergent chlorine at ,d+[DATE] PPM [Parts Per Million] .Confirm appropriate temperature or concentration at least 30 seconds .the sanitizing sink should be monitored for the proper temperature .for proper chemical concentration if chemical sanitization is used .</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: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 - Some</p>	<p>2. During an observation and interview in the Kitchen at the 3 compartment sink on [DATE] at 8:53 AM, revealed the Dietary [NAME] washed pans in the first compartment, rinsed them in the second compartment, and sanitized them in the third compartment. The Dietary [NAME] performed the sanitation test of the 3 compartment sink with the test strip remaining white/gray in color, indicating there was no sanitation solution in the water. The Dietary [NAME] confirmed the sanitizer in the three-compartment sink was not working, and stated, .it had not been working for about a month . The Dietary [NAME] confirmed the Dietary Supervisor and Maintenance Supervisor were aware the sanitation was not working.</p> <p>3. Review of the Ware Washing/Three Compartment Sink sanitation logs dated ,d+[DATE] and ,d+[DATE], revealed that the sanitation of the 3 compartment sink was to be tested every Morning, Afternoon, and Evening with a chemical strip. The sanitation logs had multiple blank areas without initials for the schedules provided. The following dates staff failed to perform the sanitation test on the 3 compartment sink:</p> <p>a. [DATE] no morning or afternoon chemical strip test completed.</p> <p>b. [DATE], no morning or afternoon chemical strip test completed.</p> <p>c. [DATE], no evening chemical strip completed.</p> <p>d. [DATE], no morning or afternoon chemical strip test completed.</p> <p>e. [DATE], no morning or afternoon chemical strip test completed.</p> <p>f. [DATE], no morning or afternoon chemical strip test completed.</p> <p>g. [DATE], no morning chemical strip test competed.</p> <p>4. Observation in the kitchen on [DATE] at 8:55 AM, revealed the following:</p> <p>a. 3 stock pots (2 with handles) and 1 large cooking pot on the lower shelf below the microwave was noted to have carbon buildup to the bottom and sides of the pans.</p> <p>b. 1 cast iron skillet on the lower rack of the three-tiered wire rack had a large amount of carbon build up on sides and bottom of the skillet.</p> <p>5. Observation in the walk-in cooler on [DATE] at 8:58 AM, revealed:</p> <p>a. 1 undated stainless-steel bowl of yellow gelatin</p> <p>b. 1 undated metal sheet pan containing an unfrosted cake</p> <p>c. 2 opened packages of expired sliced ham dated [DATE]</p> <p>6. Observation in kitchen, in the dry storage area on [DATE] at 9:02 AM, revealed 1 opened, unsecured box of dried pinto beans opened to air, dated of [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 - Some</p>	<p>7. Observation at the nurse's station in the nutritional refrigerator on [DATE] at 11:09 AM, revealed 8 individual cups of orange sherbet with an expiration date of [DATE].</p> <p>During an interview on [DATE] at 4:51 PM, the Dietary Supervisor confirmed that all foods should be labeled and dated, expired food should be discarded by the expiration date, cookware should not have black carbon build up. The Dietary Supervisor confirmed that she is responsible for ensuring that the sanitization logs are completed every morning, afternoon, and evening. The Dietary Supervisor confirmed that she is responsible for maintaining the food/drinks in the nourishment refrigerator.</p> <p>During an interview on [DATE] at 5:43 PM, the RD (Registered Dietician) confirmed that she, along with the Dietary Supervisor and Administrator, are responsible for ensuring the cleaning logs/sanitation logs are completed in a timely manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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** 49269</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 1 of 1 staff (Licensed Practical Nurse (LPN #A) failed to perform hand hygiene during an incontinent care and failed to follow enhanced barrier precautions during Percutaneous Endoscopic Gastrostomy (PEG) site care for 2 of 3 (Residents #48 and #72) sampled residents.</p> <p>The findings include:</p> <p>1. Review of the facility policy titled, Hand Hygiene, revised 3/28/2024, revealed .Staff involved in direct resident contact shall perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors .Hand hygiene is indicated and shall be performed under the conditions listed in, but not limited to, the attach hand hygiene table .use clean/dry towel to turn off the faucet .After handling contaminated objects .Before and after handling clean or soiled dressings, linens .Before performing resident care procedures .After handling items potentially contaminated with blood, bodily fluids, secretions, or excretions .</p> <p>Review of the facility policy titled, Transmission Based Precautions, revised 4/1/2024, revealed .To provide guidance on taking appropriate precautions to prevent transmission of infectious agents .Enhanced barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multi-resistant organisms that employs targeted gown and gloves use during high contact resident care activities .An order for enhanced barrier precautions shall be obtained for residents with any of the following . Wounds and/or indwelling medical devices even if the resident is not known to be infected .Make gowns and gloves available which may include near or outside of the resident's room .face protection may also be needed if performing activity with risk of splash or spray .PPE [Personal Protective Equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room .</p> <p>2. Review of the medical record review revealed Resident #48 was admitted to the facility on [DATE], with diagnoses including Osteomyelitis of the Vertebra, Lumbar Region, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Heart Failure, and Sepsis.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 6, indicating Resident #48 had severe cognitive impairment and a Stage 2 pressure ulcer.</p> <p>Review of the Physician's Telephone Orders dated 11/4/2024, revealed .Zinc Oxide Paste 1 Time Daily .(L) [Left] Buttock): Clean area with Normal Saline. Apply Zinc Oxide and .Zinc Oxide Paste 1 Time Daily . [Coccyx]: Clean area with Normal Saline. Apply Zinc Oxide.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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>Observation during wound care on 11/6/2024 beginning at 10:19 AM, revealed LPN A was at Resident #48's bedside wearing gloves preparing to perform wound care. LPN A unfastened Resident #48's brief and started to pull it down, stopped, repositioned the brief to cover Resident #48's buttocks, looked at LPN B and stated, She [Resident #48] is going to have to be changed . Registered Nurse (RN) C entered the room and was asked for a towel and brief by LPN A. RN C brought a towel and brief to the room and handed them to LPN A. LPN B stated, You might want to wet that. LPN A took the towel to the bathroom and without removing the gloves or performing hand hygiene, turned on the faucet, wet the towel, turned off the water, returned to Resident #48's bedside and began performing incontinent care.</p> <p>During an interview on 11/7/2024 at 10:17 AM, the Director of Nursing (DON) was asked should staff wear soiled gloves they had used while providing care to a resident to use the sink, wet linen, and then to perform incontinent care to a resident. The DON stated, Probably not .They should remove their gloves, perform hand hygiene, and put on new gloves.</p> <p>3. Review of the medical record revealed Resident #72 was admitted to the facility on [DATE], with diagnoses including Cerebrovascular Accident, Seizure Disorder, Dysphagia, and Gastrostomy status.</p> <p>Review of the Physician's Order dated 6/5/2024, revealed .G-Tube [Gastrostomy Tube] Site Care One Time Daily .[clean] with soap and water. Monitor for signs and symptoms of infection</p> <p>Review of the quarterly MDS dated [DATE], revealed a BIMS score of 3, which indicated Resident #72 was severely cognitively impaired, assessed for an indwelling foley catheter and a feeding tube.</p> <p>Observation during peg site care on 11/06/2024 at 9:43 AM, revealed LPN A entered the Resident's room and placed barrier on the over the bed table, performed hand hygiene, donned gloves, and performed G-Tube site care without applying a gown for PPE. LPN A discarded trash in biohazard bag and exited Resident's room.</p> <p>During an interview on 11/6/2024 at 9:43 AM, LPN A was asked if she should have worn a gown for PPE when performing site care. LPN A stated, Yes .</p> <p>During an interview on 11/6/2024 at 2:09 PM, the DON confirmed that staff should wear a gown for PPE when performing Peg/G-tube site care.</p> <p>50408</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38439</p> <p>Based on policy review, observation, and interview, the facility failed to ensure a safe, sanitary, and comfortable environment for 17 of 47 (Rooms 110, 300, 301, 302, 303, 304, 305, 308, 312, 400, 401, 402, 403, 404, 408, 409, and 411) resident shared bathrooms observed and for 1 of 1 (400 hall) ice machines observed.</p> <p>The findings include:</p> <ol style="list-style-type: none"> Review of the facility policy titled, Interim Life Safety Measures, dated 1/28/2024, revealed .To provide a safe environment for patients, visitors, and staff .The implementation of Interim Life Safety Measures shall be determined by Administration, QAPI (Quality Assurance Performance Improvement) Committee, and all staff continuously monitoring and reporting any real or potential Life Safety Code deficiencies. Monitoring shall include .Routine environmental tours .Buildings and/or structures .Updates are done routinely and as needed . Review of the facility policy titled, Dietary: Ice Storage, dated 10/25/2023, revealed .Ice shall be maintained and served to patients in a sanitary manner .Ice containers and scoops shall be kept clean and shall be stored and handled in a sanitary manner . Observation on the 100 hall in the shared bathroom of room [ROOM NUMBER] on 11/4/2024 at 10:24 AM, and on 11/7/2024 at 10:13 AM, revealed areas of dark black spots coming down the wall from under the ceiling trim in various areas. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 2:02 PM, and 11/7/2024 at 8:52 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 10:44 AM, and on 11/7/2024 at 10:07 AM, revealed dark black spots on the wall under the ceiling trim. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 2:02 PM, and 11/7/2024 at 8:52 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom. Observation on the 300 hall in the bathroom of room [ROOM NUMBER] on 11/4/2024 at 10:49 AM, and on 11/7/2024 at 10:05 AM, revealed dark black spots on the wall and descending down the wall in various areas of the bathroom. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 2:02 PM, and 11/7/2024 at 8:52 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom, and bathroom vanity with cracked caulking down entire sink. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/4/2024 at 10:46 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom.</p> <p>9. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 2:02 PM, and 11/7/2024 at 8:52 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom, and bathroom vanity with cracked caulking down entire sink.</p> <p>10. Observation on the 300 hall in the shared bathroom of room [ROOM NUMBER] on 11/5/2024 at 2:02 PM, and 11/7/2024 at 8:52 AM, revealed dark black spots on the ceiling and descending down the wall in various areas of the bathroom.</p> <p>11. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] on 11/4/2024 at 9:32 AM, 12:04 PM, and 2:23 PM, and on 11/7/2024 at 12:04 PM, revealed dark black spots descending down from underneath the ceiling tile on the wall behind the toilet, extending down the wall and in the corner over the sink and vanity.</p> <p>12. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] on 11/4/2024 at 9:20 AM, 12:06 PM, and 2:21 PM, and on 11/7/2024 at 12:04 PM, revealed dark black spots on the door frame of bathroom door, and dark black spots descending down from under the ceiling tile down the wall behind the toilet.</p> <p>13. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] on 11/4/2024 at 9:37 AM, 12:08 PM, and at 2:24 PM, 11/5/2024 at 8:13 AM, and on 11/7/2024 at 12:04 PM, revealed dark black spots descending down from underneath the ceiling tile down the wall on the left side of the toilet.</p> <p>14. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] at 11/04/2024 at 9:28 AM, 12:07 PM, and 2:25 PM, 11/5/2024 at 7:52 AM, and 12:52 AM, and on 11/7/2024 at 12:04 PM, revealed dark black spots descending down from underneath the ceiling tile down the wall behind the toilet.</p> <p>15. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] at 11/4/2024 at 9:48 AM, and 2:28 PM, and on 11/5/2024 at 11:53 AM, 11/6/2024 at 10:53 AM, and on 11/7/2024 at 12:04 PM, revealed dark black spots descending down from underneath the ceiling tile down the wall inside the bathroom on the left side of the bathroom entrance, and on the wall above the bathroom sink and vanity, and inside of bathroom door frame.</p> <p>16. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] at 11/04/2024 at 10:02 AM, 12:13 PM, and on 11/5/2024 at 7:59 AM, and 12:00 PM, 11/6/2024 at 7:20 AM, and 11:00 AM, and on 11/7/2024 at 12:04 PM, revealed dark brown and black discoloring on the wall and around exposed pipes underneath the sink, on the assist bar / handrail next to toilet, and around the base of exposed pipes underneath the toilet, and dark black spots descending from underneath the ceiling tiles extending down the wall in the of the bathroom corner over the sink.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>17. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] at 11/04/2024 at 9:53 AM, and 12:09 PM, and on 11/5/2024 at 12:17 PM, and on 11/6/24 at 7:17 AM, and 2:18 PM, and on 11/7/2024 at 12:04 PM, revealed dark black spots descending down from underneath the ceiling tiles down the wall behind the toilet, coming from the ceiling tile down the wall behind the toilet.</p> <p>18. Observation on the 400 hall in the shared bathroom of room [ROOM NUMBER] at 11/4/2024 at 9:59 AM, 12:10 PM, 2:30 PM, and on 11/5/2024 at 7:20 AM, 12:20 PM, and on 11/7/2024 at 8:20 AM and at 12:04 PM, revealed the bathroom vanity top loose and separating from wall with cracked caulking, dark black spots descending down from underneath the ceiling tiled down the wall in the corner of the bathroom over the toilet.</p> <p>19. Observation at the 400 hall ice machine on 11/4/2024 at 9:16 AM, and 10:00 AM, revealed the ice machine was unlocked, with dark black substance on the upper inside rim of the ice machine, dust particle build up on the ledge of the ice machine and the filter of ice machine, with ice scoop resting in water in the scoop holder on the wall.</p> <p>20. Review of the facility document titled Work History Report, revealed, .Due Date .10/31/2024 .Ice Machines/Ice Bins .Check filters .clean coils, sanitize interior, delime as necessary .Task Completion . Marked done on time by [Named Maintenance Supervisor] .on 10/21/2024 .</p> <p>Observation at the 400 hall ice machine on 11/4/2024 at 12:02 PM, revealed the ice machine was unlocked with dark black substance on the upper inside rim of the ice machine, dust particles build up on the ledge of the ice machine and the filter and the ice scoop resting in water in the scoop holder on the wall.</p> <p>21. During observation and interview on the 300 hall on 11/7/24 beginning at 10:05 AM, the Maintenance Supervisor was shown room [ROOM NUMBER], 301, 302, 303, 304, 308 and 312 bathrooms. The Maintenance Supervisor was asked what the black spotty areas on ceiling and walls were in the bathrooms. The Maintenance Supervisor stated, It is mildew from the ventilation fan issues we are having, I am currently working to get this fixed . The Maintenance Supervisor was asked should the caulking adhesive holding the sink be cracked and coming off on the sink. The Maintenance Supervisor stated, No.</p> <p>During observation and interview on 11/7/2024 at 10:13, the Maintenance Supervisor confirmed that mildew was found in room [ROOM NUMBER], #301, and #303.</p> <p>During observation and interview on the 300 hall on 11/7/2024 at 12:02 PM, the Maintenance Supervisor was shown room [ROOM NUMBER] and was asked what the black substance on the bathroom wall near the ceiling. The Maintenance Supervisor confirmed that the black substance was mildew.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Ahc Covington Care		STREET ADDRESS, CITY, STATE, ZIP CODE 765 Bert Johnston Avenue Covington, TN 38019	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During observation and interview on the 400 hall on 11/7/2024 beginning at 12:04 PM, the Maintenance Supervisor, was shown the dark black spots descending down from the ceiling tile down the walls in resident rooms 400, 401, 402, 403, 404, 408, 409, and 411, and was asked what those dark black spots were. The Maintenance Supervisor confirmed he was unaware of the spots until 11/4/2024 when it was brought to his attention by State Agency staff and the areas were tested and it was found to be mildew. The Maintenance Supervisor was asked what caused the mildew. The Maintenance Supervisor confirmed it was caused by a malfunction fan and that the 400 hall was the hall that it was found in almost every resident shared bathroom. The Maintenance Supervisor confirmed that there should be no mildew found in any resident room or bathroom. The Maintenance Supervisor confirmed that he checks rooms on each hall randomly on a weekly basis but was unaware of mildew in the resident's bathrooms. The Maintenance Supervisor was shown the dark black substance on the inside of the ice machine, dust particles on the ledge of the ice machine, and the dust on the filter and was asked should the black substance be inside of the ice machine, should the dust be on the ledge of the ice machine and should the filter contain dust particles. The Maintenance Supervisor confirmed he is unsure of what the black substance was on the inside of the ice machine, but confirmed he checks and cleans the ice machine at least every six months. The cleaning of the ice machine consists of wiping down the outside, changing the filter and cleaning the inside of the machine.</p> <p>47835</p> <p>50408</p> <p>50611</p>