STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445501	A. BUILDING _____ B. WING _____	**08/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEST HILLS HEALTH AND REHAB	**6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919**

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)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** Based on facility policy review, observation, and interview the facility failed to maintain proper storage of biohazardous waste in 1 of 2 soiled utility rooms observed for infection control. The findings include: Review of the facility's Infectious Waste Management Plan (undated) showed .the proper handling of infectious waste will be used in the care of all residents as it is critical to the prevention of the spread of infection and disease .Wastes from Resident Care Areas: All waste contaminated with blood/body fluids shall be disposed of in the trash container . Observation of the soiled utility room located on LTC 1 was performed with the Administrator and Director of Nursing (DON) on 8/24/2020 at 5:20 PM. Findings revealed biohazard bags being stored in a single bin. The bin was filled to capacity and overflowing. Eight biohazard bags were observed on the floor beside the storage bin. During this observation the DON stated she recalled the waste being emptied by the Maintenance Department on Friday (8/21/2020). Interview with the Administrator on 8/24/2020 at 7:10 PM, confirmed the soiled utility room did not look the way it normally does .it is not the standard we want to achieve . In conclusion, the biohazard waste bin located in the soiled utility room on LTC 1 had not been emptied when it had reached maximum storage capacity. The waste was allowed to accumulate in excess and biohazard bags were being stored on the floor beside the bin.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE