

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 445406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY CARE OF RUTHERFORD		STREET ADDRESS, CITY, STATE, ZIP 901 COUNTY FARM RD MURFREESBORO, TN 37127	
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 - Few	Provide and implement an infection prevention and control program. Based on facility policy review, medical record review, observation and interview the facility failed to maintain 1 (F-Wing /COVID -19 Unit) of 4 outside hall exits in a safe and sanitary condition. The findings include: Review of the facility policy Disposal of Garbage and Refuse revised 7/15/2020 revealed .Refuse containers shall be emptied throughout the day .Storage areas, enclosures, and receptacles for refuse shall be maintained in good repair and cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents .Refuse containers shall be emptied at the end every shift, to avoid having it remain in areas . Review of the Job Description for Housekeeper, dated 6/30/2017 revealed .Trash pick-up .Empties and cleans ashtrays. Empties, cleans and relines wastebaskets and places bags in receptacle to be transported to dumpster. Checks rooms again and empties trash as needed while cleaning individual rooms . Observation on 9/22/2020 at 8:43 AM revealed a garbage bin overflowing with full garbage bags and three full garbage bags surrounding the garbage bin outside of the F-Wing exit. During an interview on 9/22/2020 at 12:26 PM with the Director of Nursing (DON), when shown a picture of the F-Wing exit, confirmed the garbage pile was from the F and G wings and it was housekeeping's job to pick up the garbage and take it to the dumpster every morning and throughout the day. During an interview on 9/22/2020 at 1:22 PM with the Houskeeping Manager confirmed our dumpster were maxed this morning and that is the reason we did not get a chance to dump them.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.