

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER
ASBURY PLACE AT MARYVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2648 SEVIERVILLE RD
MARYVILLE, TN 37804**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined that the facility failed to arrange and maintain the overall physical plant in such a manner that the safety of the residents are ensured.</p> <p>The findings include:</p> <p>Observation on March 19, 2014 at 12:00 p.m. revealed shower room 1 in the secured unit was missing a 12"x 18" area of floor tiles. At 2:10 p.m. during the fire alarm test, the visual notification devices (strobe lights) are not synchronized in the 1st floor north hall, 2nd floor south hall, and 3rd floor short hall.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on March 19, 2014.</p>	N 831	<p>N831 – The tile in the shower room in the secured unit has been repaired.</p> <p>The strobe lights for all floors have been synchronized.</p> <p>Maintenance will conduct a monthly fire drill audit for next 3 months to ensure that all lights are properly synchronized.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting, beginning in February, monthly for three (3) months and recommendations implemented, as appropriate.</p>	4/18/14
N 835	<p>1200-8-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of</p>	N 835	<p>N 835 – Updated floor plans will be sent to the Department of Health for the 3rd floor renovations by May 4th.</p>	5/4/14

Division of Health Care Facilities

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

TITLE

(X6) DATE

Anna L. Bean

Administrator

Re-Submitted 6/11/14

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2014
--	--	---	--

NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2648 SEVIERVILLE RD MARYVILLE, TN 37804
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 835	<p>Continued From page 1</p> <p>a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure alterations to the facility are made with prior approval from the Department of Health.</p> <p>The findings include:</p> <p>Observation and interview with maintenance on March 19, 2014 at 10:40 a.m. revealed the entire 3rd floor is undergoing renovations. At this time the nurses' station has been removed and all resident rooms are being remodeled with new interior finishes and new closets are being framed up, replacing the existing built in's.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on March 19, 2014.</p>	N 835		
N 848	1200-8-6-.08 (18) Building Standards	N 848		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT MARYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2648 SEVIERVILLE RD MARYVILLE, TN 37804
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>Continued From page 2</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain a negative air pressure in all dirty areas.</p> <p>The findings include:</p> <p>Observation on March 19, 2014 at 1:03 p.m. and 1:31 p.m. revealed the central supply housekeeping closet and the 3rd floor north soiled linen room is not provided with a negative air pressure.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on March 19, 2014.</p>	N 848	<p>N 848 – Negative air pressure has been established for the central supply housekeeping closet and the 3rd floor north soiled linen room.</p> <p>All remaining dirty areas were checked for proper negative air pressure.</p> <p>The maintenance tech will conduct random audits on the dirty areas weekly for 4 weeks, then monthly for 3 months to ensure proper negative air pressure in these areas.</p> <p>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting, beginning in February, monthly for three (3) months and recommendations implemented, as appropriate.</p>	4/11/14