PRINTED: 03/30/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	TN0602		03/28/2017

NAME OF PROVIDER OR SUPPLIER: WOODBURY HEALTH AND REHABILITATION C

STREET ADDRESS, CITY, STATE, ZIP CODE: 113 WEST HIGH STREET, WOODBURY, TN 37190

(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	1200-8-8-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 03/28/2017 at 9:43 AM, revealed 3 1" copper pipe penetration through the ceiling in the mechanical room of the basement. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) 2. Observation on 03/28/2017 at 9:44 AM, revealed 15 electrical conduits penetrating through the ceiling with mixed fire caulk in the basement. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) 3. Observation on 03/28/2017 at 10:02 AM, revealed floor pads blocking room 8 corridor door from closing. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) These findings were verified by the director of maintenance during the facility tour and was acknowledged by the administrator during the exit conference on 3/28/17.	N 831	N 831 Requirement: 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. Corrective Action: 1. (a) The three 1" copper pipe penetrations through the ceiling in the mechanical room of the basement were properly sealed with Firestopper 5000 fire rated caulking on 3-31-17 by the Maintenance Director. (b) The 15 electrical conduits penetrating through the ceiling with mixed fire caulk in the basement were repaired by removing all existing "mixed caulking" and resealed with Firestopper 5000 fire rated caulking on 3-31-17 by the Maintenance Director. (c) The floor pads blocking room 8 corridor door from closing were removed from the door area on 3-28-17 by the Maintenance Director. 2. (a) 100% audit of all other penetrations in mechanical rooms was performed by the Maintenance Director on 3-28-17 to ensure compliance of proper fire caulking. (b) 100% audit of all other penetrations around electrical conduits was performed by the Maintenance Director was performed on 3-28-17 to ensure compliance of proper fire caulking. (c) 100% audit of all other resident rooms was performed by the Maintenance Director on 3-28-17 to ensure no other corridor doors were blocked from closing. 3. (a) Maintenance Director was in-serviced by the Administrator on 4-7-17 regarding penetrations/fire caulk compliance. (b) Maintenance Director was in-serviced by the Administrator on 4-7-17 regarding penetrations/fire caulk compliance. (c) Maintenance Director was in-serviced by the Administrator on 4-7-17 regarding compliance of corridor doors remaining free from obstruction for proper closure. Maintenance Director and Staffing Development Coordinator in-serviced all other floor staff on 4-10-17 regarding compliance of corridor doors	5-1-17

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4-10-17

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STREET ADDRESS, CITY, STATE, ZIP CODE: 119 WEST HIGH STREET, WOODBURY, TN 37190

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N 881	1200-8-6-.08 (1) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment. The findings included: 1. Observation on 03/28/2017 at 9:43 AM, revealed 3 1" copper pipe penetration through the ceiling in the mechanical room of the basement. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) 2. Observation on 03/28/2017 at 9:44 AM, revealed 15 electrical conduits penetrating through the ceiling with mixed fire caulk in the basement. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) 3. Observation on 03/28/2017 at 10:02 AM, revealed floor pads blocking room 8 corridor door from closing. NFPA 101, 8.3.3.1 (2012 Edition), NFPA 80, 5.2.13 (2010 Edition) These findings were verified by the director of maintenance during the facility tour and was acknowledged by the administrator during the exit conference on 3/28/17.	N 881	remaining free from obstruction for proper closure. 4. (a) Maintenance Director will ensure compliance of penetrations/fire caulk of mechanical rooms through observation weekly for one month and monthly thereafter for 3 months or until 100% compliance is reached. Maintenance Director will report findings to the Quality Assurance and Performance Improvement committee for 3 months and/or until 100% compliance is achieved. The QA committee consists of Medical Director, Administrator, Director of Nursing and other staff. (b) Maintenance Director will ensure compliance of penetrations/fire caulk of electrical conduits through observation weekly for one month and monthly thereafter for 3 months or until 100% compliance is reached. Maintenance Director will report findings to the Quality Assurance and Performance Improvement committee for 3 months and/or until 100% compliance is achieved. The QA committee consists of Medical Director, Administrator, Director of Nursing and other staff. (c) Maintenance Director and/or designee will ensure compliance of corridor doors remaining free from obstruction for proper closure through observation 5 times a week for 2 weeks, 3 times a week for 2 months or until 100% compliance is reached. Maintenance Director and/or designee will report findings to the Quality Assurance and Performance Improvement committee for 3 months and/or until 100% compliance is achieved. The QA committee consists of Medical Director, Administrator, Director of Nursing and other staff.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4-10-17