

Division of Health Care Facilities

SEP 29 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2010
NAME OF PROVIDER OR SUPPLIER ALAMO NURSING AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP CODE 580 W MAIN STREET ALAMO, TN 38001		
(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 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the environment in such a manner that the safety and well being of the residents in 2 of 20 (rooms 10 and 14) resident rooms.</p> <p>The findings included:</p> <p>Observation of the west hall resident rooms on 9/13/10 at 8:15 AM, revealed the heat and air units in resident rooms 10 and 14 had separated from the wall.</p>	N 832	<p>N 831 1200-8-6-08 (2) Building Standards Requirement:</p> <p>1. The condition of the physical plant and the overall nursing home enviroment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>Corrective Action:</p> <p>2. Resident rooms 10 and 14 were caulked by the maintenance supervisor on 9/13/10 where the heat/air units had seperated from the wall.</p> <p>3. The Maintenance Supervisor inspected all heat/air units in residents rooms to ensure no seperation from the wall on 9/14/10</p> <p>3.The Maintenance Supervisor or designee will inspect 5% of the facility's rooms with heat/air units weekly x's 12 weeks, then 10% monthly x's 3 months, then 15% quarterly x's 2 quarters.</p> <p>5. The performance improvement nurse will monitor the effectiveness of the corrective action and report to the Performance Improvement Committee Quarterly.</p>	

acceptable p/c 9/29/10 JPH/UC

Division of Health Care Facilities

Sherma Crutch Reed
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Adm

(X8) DATE

9-29-10

RECEIVED

PRINTED: 09/27/2010
FORM APPROVED

Division of Health Care Facilities

SEP 27 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1702	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2010
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Division of Health Care Facilities

Sherma Cretch Reed
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Adm

(X6) DATE
9-29-10