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FORM APPROVED

Division of Health Care Facilities

MAY 02 2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - BIRMINGHAM B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2016
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NAME OF PROVIDER OR SUPPLIER NASHVILLE COMMUNITY CARE & REHABILIT	STREET ADDRESS, CITY, STATE, ZIP CODE 1414 COUNTY HOSPITAL RD NASHVILLE, TN 37218
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(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
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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 observations the facility failed to maintain the overall environment of the nursing home.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 4/4/16 at 1:08 PM, revealed the exhaust vent cover inside of the bathroom of 320 was missing. 2. Observation on 4/4/16 at 2:15 PM, revealed the wall inside the storage area behind the chapel was damaged. <p>These findings were verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/5/16.</p>	N 831	<ol style="list-style-type: none"> 1. Maintenance Director and/or designee replaced the missing exhaust vent from room B320. Made needed repairs to walls in Chapel. 2. a) All exhaust vents in the building may be affected. b) All walls in facility have the potential to be affected. 3. Maintenance Director in-serviced the Maintenance Department on the correct procedure to identify and replace any missing vent covers. Maintenance Director in-serviced the Maintenance Department on the correct procedures on identifying and repairing holes in walls. 4. The Maintenance Director and/or Maintenance Designee will audit all vent covers to ensure that none are missing. All wall will be assessed for damage. Audits will be conducted monthly x 3, and quarterly thereafter. 5. Any negative findings will be recorded and reported to Quality Assurance Committee monthly x 3, and then quarterly thereafter. 	5/6/16
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Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Anthony Mass

TITLE

Administrator

(X5) DATE

4/29/16