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 B. WING	(X3) DATE SURVEY COMPLETED
	TN1938		01/23/2017

NAME OF PROVIDER OR SUPPLIER: SIGNATURE HEALTHCARE OF NASHVILLE RE

STREET ADDRESS, CITY, STATE, ZIP CODE: 832 WEDGEWOOD AVENUE NASHVILLE, TN 37203

(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	1200-8-6-.08 (18) Building Standards (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. This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the required air pressure. The findings included: Observation on 01/23/2017 at 10:13 PM, revealed the clean linen storage room by 625 had no positive air pressure. The director of plant operations was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 01/23/2017.	N 848	N848 1. Licensed contractor will be contacted to correct positive air pressure in clean linen storage by room 625. 2. Audit of all clean linen storage rooms will be conducted to ensure all have correct positive air pressure. 3/4 Correct positive air pressure compliance will be reported by Plant Ops Director at monthly QAPI Committee meeting.	03/11/17 03/11/17 03/11/17
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions	N1410		

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Nancy Thompson
TITLE: Administrator
(X6) DATE: 02/16/17

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N1410	Continued From page 1 and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on document review, the facility failed to conduct the required disaster preparedness training. The findings included: Document review on 01/23/2017 at 9:02 AM, revealed the facility failed to conduct the required annual earthquake disaster preparedness training during 2016. Document review on 01/23/2017 at 9:03 AM, revealed the facility failed to conduct the required annual flood disaster preparedness training during 2016. The director of plant operations was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 01/23/2017.	N1410	N1410 1. Facility will conduct required Earthquake and Flood Disaster Drills. 2. All other disaster drills are in compliance 3. Required annual disaster drills will be added to "TELS" system to ensure that disaster drills are scheduled and completed by Plant Ops Director 4. Disaster Drill compliance will be reported quarterly to QAPI Committee by Plant Ops Director.	