

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2708	(X2) MULTIPLE CONSTRUCTION A. BUILDING 77 - LICENSURE B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2009
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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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) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain the building.</p> <p>The findings included:</p> <p>Observations during the tour on 11/8/09 from 8:42 AM through 8:44 AM, revealed the following:</p> <p>a. The employee lounge ceiling had been wet form a water pipe leaking.</p> <p>b. The laundry room ceiling had been wet form a water pipe leaking. There was also a a small hole in the ceiling of the laundry.</p> <p>c. The mechanical room's (located next to the laundry room) ceiling had been wet and the tape on the seams had fallen down.</p> <p>During an interview in the laundry area on 11/8/09 at 8:44 AM, the maintenance staff member said it had been about a month when the ceilings had gotten wet.</p>	N 831	<p>The building will be maintained to ensure the safety of the resident .The break room and service hall ceiling has been painted and the ceiling in the mechanical room has been re-taped and painted by the contractor on 11/19/09. The small hole in the ceiling of the laundry room has been fixed by the maintenance director on 11/19/09. Maintenance director will follow preventive maintenance schedule monthly ongoing. The findings will be reported to the QA committee monthly x 3 months and then quarterly for the next 12 months. The QA committee, comprised of the Administrator, the Director of Nursing, the Medical Director, Dietician /food service manager, the Pharmacy Consultant, the Social Services director, the Activity director, the environmental services director, the MDS coordinator, and others as appointed by the administrator, will make any needed changes to the plan .</p>	11-19-09
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Division of Health Care Facilities STATE DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE _____ TITLE Betty Mullins, Adm	(X6) DATE 11-25-09
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Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2708	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/11/2009
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NAME OF PROVIDER OR SUPPLIER BAILEY PARK CLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 MITCHELL STREET HUMBOLDT, TN 38343
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C 212 SS=C	<p>1200-8-16-.02 (12) Requirements For Civil Rights Compliance</p> <p>The Board for Licensing Health Care Facilities may deny, suspend, or revoke a facility's license, or otherwise discipline the facility for violations of the following requirements pursuant to T.C.A. § §68-11-207 and 68-1-113. Licensed health care facilities must comply with the following:</p> <p>(12) Shall ensure that the opportunity to participate as members of planning, advisory, and policy boards whose membership is opened to the public, is available in a non-discriminatory manner.</p> <p>This Rule is not met as evidenced by: Based on the review of the requirements for Civil Rights compliance and interview, it was determined the facility failed to ensure that minority and handicapped persons had the opportunity to participate in planning, policy or advisory boards whose membership is open to the public.</p> <p>The findings included:</p> <p>Review of the facility's "Self Evaluation Form" revealed that the facility failed to ensure that minority and handicapped persons have the opportunity to participate in planning, policy, or advisory boards whose membership is open to the public.</p> <p>During an interview in the conference room on 11/10/09 at 1:40 PM, the Administrator stated, "Can tell you we don't have that [handicapped or minority self evaluation] ... had it [self evaluation] ... thrown in my lap ... thought the social worker</p>	C 212	<p>The facility now has Handicapped persons that are participating in the planning, policy or advisory boards whose membership is open to the public.</p> <p>This will be monitored on a annual basis during the self evaluation process</p> <p>All finding will be reported to the QA committee on a annual basis times one.</p>	11-19-09

Division of Health Care Facilities	TITLE	(X6) DATE
REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Bobby Mullins Adm</i>	11-23-09
DRM	M2WG11	If continuation sheet 1 of 2

Division of Health Care Facilities

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C 212	Continued From page 1 was doing it [self evaluation]..."	C 212		