

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2801	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2014
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NAME OF PROVIDER OR SUPPLIER
ARDMORE HEALTH AND REHABILITATION CE

STREET ADDRESS, CITY, STATE, ZIP CODE
**25385 MAIN STREET
ARDMORE, TN 38449**

(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	<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 observation, it was determined the facility failed to maintain all parts of the building.</p> <p>The findings included:</p> <ol style="list-style-type: none"> Observations of room 31 on 11/5/14 at 9:20 AM, revealed holes in the ceiling. Observations of the basement on 11/5/14 at 10:31 AM, revealed the main storage room and the dietary storage rooms' light fixtures were missing covers. <p>These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 11/5/14.</p>	N 831	<p>the Quality Assurance Committee monthly for 3 months. Subsequent plans of action will be developed as indicated by the committee. The Administrator is responsible for overall compliance.</p> <p>11/24/2014</p>	
		N831	<ol style="list-style-type: none"> Penetrations that were identified in room 31 were repaired on 11/14/2014. The light covers for the main storage room and the dietary storage rooms were applied on 11/14/2014. The Maintenance supervisor was in serviced 11/21/2014 on penetrations, and applying light covers to open lights. The staff was in serviced on reporting penetrations to the Director of Maintenance by documenting in the maintenance repair log. Audits will be conducted by the Administrator or designee weekly for 3 weeks and monthly for three months to ensure that penetrations and being repaired and light covers are being used appropriately. The Administrator or designee will monitor audit results and present it to the Quality Assurance Committee monthly for 3 months. Subsequent plans of action will be developed as indicated by the committee. The Administrator is responsible for overall compliance. <p>11/24/2014</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

B. Anderson
6899
3VPS21

Administrator

11/24/14

STATE FORM

RECEIVED

If continuation sheet 1 of 1

NOV 25 2014