

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 08/08/2011
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NAME OF PROVIDER OR SUPPLIER ARDMORE ON MAIN CARE AND REHABILITAT	STREET ADDRESS, CITY, STATE, ZIP CODE 25385 MAIN STREET ARDMORE, TN 38449
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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 832 1200-8-6-.08(2) Building Standards

(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.

This Rule is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the overall nursing home environment.

The findings include:

1. Observation on 8/8/11, at 11:07 AM, revealed the gutter was pulled from the roof, causing standing water under the window of room 31.
2. Observation on 8/8/11, at 11:10 AM, revealed a condensation drain was causing standing water under the window of room 31.

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/8/11.

N 832

N832

1.a. The gutter and drain pipe were repaired 8/17/11 by the Maintenance Director.

2. No residents were affected by this deficient practice. All gutters and drain pipes were evaluated by the maintenance director on/before 8/19/11 to ensure all were in proper working order. Any identified issues were immediately corrected.

3. The Maintenance Director was re-educated regarding keeping the gutters and drains repaired and in working condition by the Administrator 8/8/11.

4. The Administrator and Maintenance Director will make rounds weekly times four weeks and once a month times two months and report findings in the monthly PI meetings. The PI meeting consists of the Administrator, Director of Nursing Services, Maintenance Director, Social Services Director, Activity Director, Nutritional Services Director, Business Office Manager and the Medical Director.

Date of completion 8/24/11

Division of Health Care Facilities

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

Amy Mcowan

TITLE

Administrator

(X6) DATE

8/24/11

STATE FORM

3889

50TC21

If continuation sheet 1 of 1