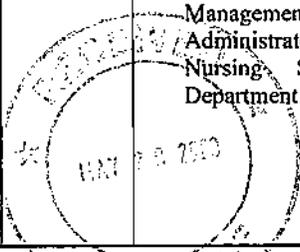


Division of Health Care Facilities

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 05/11/2009	
NAME OF PROVIDER OR SUPPLIER ARDMORE ON MAIN CARE AND REHABILITAT		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 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the heating and the air-conditioning system as required by the Standard Regulation 1200-8-6-08(1); National Fire Protection Association (NFPA) 90A; 90B-4; 101, 19.5.2.1.</p> <p>The findings included:</p> <p>Observations during the tour of the facility on 5/11/09 revealed the following:</p> <p>a. At approximately 10:45 AM, the Nurses' station med room heating and air conditioner return grille was dirty.</p> <p>b. At approximately 11:12 AM, the North hall shower room's exhaust fan grille was dirty.</p> <p>c. At approximately 10:22 AM, the dietary area had a penetration around a drain pipe in the partition under the serving table.</p> <p>During the tour of the facility the Maintenance Director confirmed the presence of the findings as noted above.</p>	N 832	<p><i>This plan of correction is being submitted in compliance with specific regulatory requirements and this preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies.</i></p> <p>N-832</p> <ol style="list-style-type: none"> The Maintenance Director cleaned and repaired the <ol style="list-style-type: none"> nurse's station med room exhaust fan grill on 5/15/09 North Hall shower room exhaust fan grills on 5/15/09 The penetration around the pipe under the serving table on 5/15/09 The Maintenance Director audited exhaust fan grills and penetration around pipes by 5/27/09. The Maintenance Director will conduct weekly rounds for 30-days on exhaust fan grills and include this audit on the monthly preventative maintenance program. The Maintenance Director was educated on cleaning the exhaust fan grills by the Administrator on 5/27/09. The Maintenance Director will report tracking and trends of weekly rounds and monthly preventative maintenance program at the monthly Quality Management meeting. Members of the Quality Management Committee include: Administrator, Medical Director, Director of Nursing Services, and three other Department Managers. 	5/29/09



Division of Health Care Facilities

Mary Marcella Bryant
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ADMINISTRATOR
TITLE

5/29/09
(X6) DATE