

PRINTED: 07/25/2016
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6302	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2016
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NAME OF PROVIDER OR SUPPLIER
BAPTIST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**700 WILLIAMS FERRY RD
LENOIR CITY, TN 37771**

(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 835	<p>1200-8-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation and record review, the facility failed to have locking hardware approved by the Department of Health Plans Review office.</p> <p>The findings include:</p> <p>Observation and record review on 7/11/16 at 10:31 AM revealed the magnetically locked exit door in D Wing, was installed without prior approval from the Tennessee Department of Health Plans Review.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.</p>	N 835	<p>N835 1200-8-6-.08 (5) Building Standards</p> <ol style="list-style-type: none"> Maintenance Director will purchase an audible alarm for D-Wing door and disable the power to the locking mechanism on the door. Application will be made to the department to re-engage the locking mechanism when approval is received by facility. Facility exit doors will be audited by the Maintenance Director to ensure no other deficient practice exits. Any other deficient exit doors will be addressed at the time noted. Maintenance Director or designee will audit exit doors monthly for three months to ensure ongoing compliance. Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers. 	8/9/16

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 07/26/2016
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2016
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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771
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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
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and testing, the facility failed to have a positive air pressure in all clean rooms.</p> <p>The findings include:</p> <p>Observation and testing on 7/11/16 at 11:15 AM revealed the clean linen room by resident room 47, the air supply for this room was not working.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 7/11/16.</p>	N 848	<p>N848 1200-8-6-.08 (18) Building Standards</p> <ol style="list-style-type: none"> Maintenance Director determined the low voltage transformer was not working on the HVAC unit servicing the clean linen room by resident room 47. A new low voltage transformer was obtained and installed on 7/11/2016. Maintenance Director audited other AC systems on 7/11/2016 to ensure no other deficiencies exist. No other deficiencies were noted. Monthly filter changes and HVAC unit inspections are part of the facility PM program and will continue. Weekly audits will be completed for four weeks to ensure continued compliance with air supply. Audit results will be reported to the Quality Assurance Performance Improvement Committee for evaluation and recommendation during routine meetings to ensure ongoing compliance with this requirement. The Quality Assurance Performance Improvement committee consists of the Administrator, Director of Nursing, Assistant Administrator, Assistant Director of Nursing, Medical Director, Pharmacist, Registered Dietician, and other consultant medical personnel as well as other facility department managers. 	8/9/16