

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2014
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NAME OF PROVIDER OR SUPPLIER ASHTON PLACE HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3030 WALNUT GROVE RD MEMPHIS, TN 38111
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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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N1409	<p>1200-8-6-.14(2)(a)5.(i) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(i) Fire Safety Procedures Plan, to be exercised at any time during the year, shall include:</p> <p>(I) Minor fires;</p> <p>(II) Major fires;</p> <p>(III) Fighting the fire;</p> <p>(IV) Evacuation procedures;</p> <p>(V) Staff functions by department and job assignment; and,</p> <p>(VI) Fire drill schedules (fire drills shall be held at least quarterly on each work shift).</p> <p>This Rule is not met as evidenced by: Based on record review, it was determined the facility failed to evaluate all fire drills conducted.</p> <p>The findings included:</p>	N1409	<p>N1409</p> <p>Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with staff to assure facility is in compliance.</p> <p>Fire safety procedures plan, to be exercised each quarter. The following protocol is as follows</p> <ul style="list-style-type: none"> * minor fires * major fires * fighting the fire * Evacuation procedures <p>There was no proper documentation to show that these fire drills were conducted and evaluated quarterly on each work shift.</p> <p>Maintenance Director will provide in-services each quarter to all 3 shifts on the following topics: minor fires, major fires, fighting the fire & the evacuation process. Also the Maintenance director will also complete the above drills each quarter (one on each shift) and will start this on 11/7/14. Each in-service/drill will be documented and the Administrator will sign off on each in-service & drill. Facility maintenance director will coordinate disaster drills with the city of Memphis.(Each quarter)</p> <p>Administrator will accompany the maintenance director with the first 3 drills & in-services Starting on 11/7/14, and until all three shifts are completed with-in 7 days from this date. this documentation will be brought to the monthly quality assurance committee with all findings discussed and evaluated. The drills will all be completed (for this quarter) by 11/14/14/</p>	11/15/14
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Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE _____ (X6) DATE 11/10/14

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: D1 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2014
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N1409	<p>Continued From page 1</p> <p>During the record review the facility was unable to provide evaluations for all fire drills conducted.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 10/14/14.</p>	N1409		
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