Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	TN7402		01/17/2017

NAME OF PROVIDER OR SUPPLIER: CHRISTIAN CARE CENTER OF SPRINGFIELD,

STREET ADDRESS, CITY, STATE, ZIP CODE: 704 5TH AVENUE EAST SPRINGFIELD, TN 37172

(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	1200-8-6-.08 (18) Building Standards (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. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain proper air pressures in soiled and clean areas. The findings included: Observation on 1/17/17 at 10:03 AM, revealed the door separating the clean and soiled linen sides of the laundry room had been removed. This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 1/17/17.	N 848	**Corrective Action for residents affected.** No residents were found to be adversely effected by this deficient practice. **Identification of other residents who may be at risk.** No other residents are affected by this deficient practice. **What measures will be put into place to ensure the cited practice does not reoccurs.** Door Reinstalled between clean and soiled linen rooms by Plant Operations Director. Rechecked areas throughout the facility for positive and negative ventilation and separation of spaces by Plant Operations Director. **How Corrective action will be monitored** Detailed monthly checklist to ensure separation of clean and soiled spaces by Plant Operations Director. Audits to ensure the deficient practice will not reoccur will be submitted the monthly QA Meeting, consisting of Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Activities Director Dietary Manager, Medical Records, Unit Manager, Plant Operation Director, MDS Coordinator, Therapy, and Human Recourses for review, for the next 3 months.	01/19/2017 01/19/2017

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandy Ashley NHA | TITLE: Administrator | (X6) DATE: 2-9-17