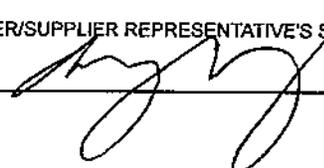


Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2016
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129		
(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 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to comply with applicable building and fire safety regulations.</p> <p>The findings included:</p> <p>1. Observations on 04/12/2016 at 08:44 AM, revealed the following door closures were not functioning properly: a. Dirty laundry b. Family lounge c. Private dining room NFPA 101, 19.3.6.3.5 (2000 Edition)</p> <p>2. Observations on 04/12/2016 at 09:43 AM, revealed the cross corridor door by the dirty laundry room was missing the bottom latching hardware. NFPA 80, 1-5 (1999 Edition)</p> <p>These findings were verified by maintenance and acknowledged by the administrator during the exit conference on 04/12/2016</p>	N 901	<p>N901</p> <p>It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The sprinkler heads were cleaned in rooms, 2240, 2242, 2205, and 2210. The Director of Plant Operations will conduct a QA and monitor for four weeks for compliance.</p>	5/27/16

Division of Health Care Facilities

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



TITLE
Administrator

(X6) DATE

5-7-16

Division of Health Care Facilities

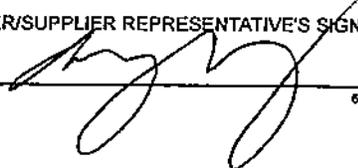
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7501	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02 - STATE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2016
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NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129
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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 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed comply with the required applicable building and fire safety regulations.</p> <p>The findings included:</p> <p>Observation of the 2nd Floor on 4/12/16 at 9:50 AM, revealed the sprinklers were loaded with foreign material in the following rooms:</p> <ul style="list-style-type: none"> a. 2240 b. 2242 c. 2205 d. 2210 <p>NFPA 25, 2-2.1.1 (1998 Edition)</p> <p>This finding was verified by the director of maintenance and acknowledged by the administrator during the exit conference on 4/12/16.</p>	N 901	<p>N901</p> <p>It is the policy and procedure AdamsPlace that complies with the applicable building and fire safety regulations. The sprinkler heads were cleaned in rooms, 2240, 2242, 2205, and 2210. The Director of Plant Operations will conduct a QA and monitor for four weeks for compliance.</p>	5/27/16
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Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
5-7-16