

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ASBURY PLACE AT KINGSPORT B. WING: _____	(X3) DATE SURVEY COMPLETED 11/17/2014
	NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT KINGSPORT		STREET ADDRESS, CITY, STATE, ZIP CODE 100 NETHERLAND LANE KINGSPORT, TN 37660

(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 interview, it was determined the physical therapy area was not maintained under a relative negative air pressure. (AIA guidelines (2010)/ASHRAE ventilation requirements Table 7-1.)</p> <p>The findings include: Observation of the physical therapy area with the maintenance director on November 17, 2014 at 10:00 p.m. confirmed the therapy room was under a slight positive pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 17, 2014.</p>	N 848	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The HVAC contractor was contacted 11/24/14 to install an exhaust venerator in the therapy gym to ensure a negative pressure. The Therapy area of the facility will be under positive by 12/22/14.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All therapy patients have the potential to be affected. The change to negative pressure by 12/22/14 will have corrected the potential impact for all residents.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>The therapy gym negative pressure will have been established by 12/22/14. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: The Maintenance Director will check the pressure of all rooms that should be under negative pressure monthly x3 months then quarterly. Results of these inspections will be reported to QAPI Committee.</p>	12/22/14

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

TITLE (X6) DATE