

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN0505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/02/2011
NAME OF PROVIDER OR SUPPLIER  ASBURY PLACE AT MARYVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2648 SEVIERVILLE RD MARYVILLE, TN 37804		
(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 000	Initial Comments  An annual licensure survey was completed at Asbury Place at Maryville on May 31-June 2, 2011. Deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes	N 000		
N 415	1200-8-6-.04(10) Administration  (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.  This Rule is not met as evidenced by: Based on facility record review and interview, the facility failed to perform two-step tuberculosis screenings, as required, for four of five newly hired employees.  The findings included:  Review of facility personnel files of five employees, hired between June 29, 2011 and May 17, 2010, revealed only one Mantoux tuberculosis screening was done prior to hiring, for four of five employee files reviewed.  Interview with the Administrator, June 2, 2011, at 10:30 a.m., in the conference room, confirmed the two-step screenings were not done.	N 415	N415- Two-step tuberculosis screenings have been completed for all associates hired after June 16, 2011.  The associate tuberculosis screening policy has been reviewed and revised.  The Human Resources Director has re-educated all hiring Department Directors on current policy.  The Human Resource Director or designee will audit all new hire personnel records for 4 months for presence of two-step tuberculosis screening documentation.  The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.	7/15/11

Division of Health Care Facilities

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

STATE FORM

TITLE

(X8) DATE

*Administrator* 6/15/11

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