Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN3202	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	03/05/2014

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORRISTOWN

STREET ADDRESS, CITY, STATE, ZIP CODE

501 WEST ECONOMY ROAD
MORRISTOWN, TN 37814

(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 observation and testing, it was determined that the facility failed to maintain a negative air pressure in dirty areas. The findings include: Observation and testing on March 5, 2014 at 11:05 a.m. revealed the exhaust in the housekeeping closet by room 324 was not working when tested. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 5, 2014.	N 848	Corrective Action: The referenced exhaust fan was repaired by replacing the direct drive motor in the fan by Maintenance personnel on 3/10/14. Residents with potential to be affected: All other exhaust fans were audited by the Director of Maintenance on 3/6/14 and found to be operating correctly. No other areas found to be deficient. Systematic Changes: A new labeling/identification system for exhaust fans was put into place by the Director of Maintenance to ensure all exhaust fans have Preventative Maintenance on a monthly basis initiated on 3/14/14 and continuing monthly indefinitely. Monitoring: A performance improvement plan was initiated on 3/5/14 to address exhaust fan operation 100% audit completed by the Director of Maintenance on 3/6/14 and the monthly audits that will take place indefinitely. The Performance Improvement Plan was reviewed during the facility Performance Improvement Meeting on 3/14/14 with ED, DON, ADON, Medical Director, Nursing Administration, Director of Maintenance and other Department Managers. Director of Maintenance will monitor exhaust fan operation on a monthly basis to ensure proper operation initiated monthly and continue monthly indefinitely.	3/10/14 3/6/14 3/14/14 3/5/14

ision of Health Care Facilities
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

Abigail Halliday Executive Director 3/19/14