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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45 11/24/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	445272		10/07/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MABRY HEALTH CARE	1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562

(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) COMPLETION DATE
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment. The finding included: On 10/7/13 at 12:30 PM, observation within the 'D' hall electrical room area revealed the main electric panel was blocked with a large tool cart. This finding was acknowledged by the Director of Nursing (acting Administrator) and the Maintenance Director during the exit interview on 10/7/13.	K 147	K 147 SS= D Corrective Action: 1. On 10/07/13 the tool cart was removed from D hall that blocked an electric panel. 2. On 10/25/13 a visual audit was conducted by the DON and maintenance supervisor of all electrical panels; all were found unobstructed. 3. On 10/24/13 maintenance supervisor was inserviced by the administrator of Life Safety Code Standards. 4. A visual audit will be conducted by maintenance supervisor to ensure no electrical panels obstructed. The visual audit will be conducted weekly times 12 weeks and/or until 100% compliance achieved. The visual audit will be reported to the QAPI team every other month.	10-25-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen M. Graves TITLE: Adm (X6) DATE: 10-28-2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.