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
	TN7202	A. BUILDING: 01 - MAIN BUILDING 01 B. WING	07/30/2013

NAME OF PROVIDER OR SUPPLIER: LIFE CARE CENTER OF RHEA COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE: 10055 RHEA COUNTY HIGHWAY, DAYTON, TN 37321

(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 interview, it was determined soiled linen storage areas were maintained under a relative negative air pressure. The findings include: Observation of the laundry on July 30, 2013 at 12:30 p.m. confirmed the soiled linen storage room was at a positive pressure relative to the corridor. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2013.	N 848	What corrective action will be taken to correct this alleged deficient practice? a. Facility is correcting the Negative air pressure in the laundry soiled area. Initial Installer has been contacted to correct the issue. Identify residents that have the potential to be affected by the alleged deficient practice. a. All facility residents have the potential to be affected. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does no recur? a. Once repairs have been completed, Laundry soiled area will be audited weekly for compliance for four weeks by the Director of Maintenance. b. Nursing Home Administrator will review weekly audits for compliance for four weeks. How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? a. The Maintenance Director will report the results of the weekly audits to the Performance Improvement Committee: (which consists of; the Nursing Home Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Staff Development Coordinator, Human Resource Director, Dietary Manager, Admissions/Marketing Coordinator, Business Office Manager, Housekeeping/Laundry Director, Activity Coordinator, Health Information Manager, and Maintenance Director). b. The Performance Improvement Committee will review the results. If it is deemed necessary by the committee, the process will be revisited until 100% compliance is achieved.	09/13/2013

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kate Sanford

TITLE: Executive Director

(X6) DATE: 8-9-13

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