<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ORCS3-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 901</td>
<td>1200-8-6-08(1) Life Safety</td>
<td>N 901</td>
<td>N 901</td>
<td>11/10/12</td>
</tr>
</tbody>
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(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.

This Rule is not met as evidenced by:
Based on testing and observations, it was determined the facility failed to maintain the general and night lighting system.

The finding included:
On 9/22/12 at 10:55 AM, testing of the night light in room 105 revealed the light did not work.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/22/12.

1.) WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO BE AFFECTED BY THE DEFICIENT PRACTICE?

No particular resident was affected.

Maintenance replaced the night light in room 105 10/3/12

2.) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?

No resident was affected, however all residents have the potential to be affected.

Maintenance staff will check resident rooms to ensure all lights are functioning by 11/10/12
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

X1) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

TN0401

X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

X3) DATE SURVEY
COMPLETED
09/23/2012

NAME OF PROVIDER OR SUPPLIER
BLEDSOE COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
107 WHEELERTOWN AVENUE
PIKEVILLE, TN 37367

X4) ID
PREFIX
TAG

N 901 1200-8-8-09(1) Life Safety

(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.

This Rule is not met as evidenced by:
Based on testing and observations, it was determined the facility failed to maintain the general and night lighting system.

The finding included:

On 9/22/12 at 10:55 AM, testing of the night light in room 105 revealed the light did not work.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during exit interview on 9/22/12.

X5) ID
PREFIX
TAG

N 901

3.) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR?

Maintenance staff will check resident rooms monthly to ensure all lights are functioning and will replace blown bulbs as needed.

4.) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?

Maintenance staff will check resident rooms monthly to ensure all lights are functioning and will replace blown bulbs as needed.

[Signature]
Administrator
Title

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

STATE FORM

[Signature]

LSM621

If continuation sheet(s) 1 of 1