Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(x) PROVIDER/SUPPLIER/CLA
IDENTIFICATION NUMBER:

TN1CD4

(x) MULTIPLE CONSTRUCTION
A. BUILDING: 01 - MAIN BUILDING 01
B. WING

(x) DATE SURVEY COMPLETED
09/18/2013

LIFE CARE CENTER OF ELIZABETHTON

STREET ADDRESS, CITY, STATE, ZIP CODE
1641 HIGHWAY 19E
ELIZABETHTON, TN 37643

(x) ID PREFIX TAG
N 831

N 848

(x) ID PREFIX TAG
N 831

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

N 831
The issue regarding the sprinkler pipe penetrating a fire wall is under evaluation by the Board of Health Care Licensing by a sub-committee meeting planned for October 28, 2013. Under their direction, all action should be held in abeyance until the situation can be fully understood. Once we receive forward direction from the Board during their next full Board meeting, Life Care will submit a plan of correction in regard to the guidance given within 30 days from that final decision.

(x) COMPLETE DATE

1200-8-8-08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to ensure a reliable sprinkler system water supply for each “building.”
The findings include:
1. Observation and record review with the Maintenance staff on September 16, 2013 at 10:15 a.m. confirmed the facility is a type V (111) combustible construction with a total of approximately 32,000 sqft. The facility is divided into three (3) fire zones by three (3) 4-hour rated fire walls. One dry pipe sprinkler riser branches provides sprinkler protection to all three fire compartments.
2. Observation with the Maintenance Staff, on September 16, 2013 at 2:15 pm confirmed the dry pipe sprinkler riser branches off in the attic and penetrates the 4-hour fire walls in the attic to supply all three fire zones with sprinkler protection.
The findings were verified by the Maintenance Staff and acknowledged by the Administrator and Regional Vice President of Operations during the exit conference on September 16, 2013.

1200-8-8-06 (18) Building Standards

(18) It shall be demonstrated through the submission of plans and specifications that in

(x) ID PREFIX TAG
N 848

11/2/13
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:
On September 16, 2013, the maintenance assistant ordered an exhaust fan for the soiled linen storage room. The exhaust fan will be replaced by November 2, 2013, to ensure the soiled linen room maintains negative pressure.
Continued From page 1

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 September 16,
2013, at 2:10 p.m. confirmed the soiled linen
storage room was at a positive pressure relative
to the corridor.

This finding was verified by the Maintenance Staff
and acknowledged by the Administrator during
the exit conference on September 18, 2013.

2. How you will Identify other residents having the
potential to be affected by the same deficient
practice and what corrective action will be taken:

a. All residents that reside in the facility have the
potential to be affected by the alleged deficient
practice. The maintenance assistant made
rounds throughout the facility on September 16,
2013, to ensure all soiled linen rooms were
maintaining a negative pressure.
b. No other rooms were found to be affected by the
alleged deficient practice.

3. What measures will be put into place or what
systematic changes you will make to ensure that the
deficient practice does not recur:

a. The director of maintenance will educate 100% of
the maintenance assistants by November 7,
2013 regarding life safety regulation related to
ensuring soiled linen rooms maintain negative
pressure.
b. The director of maintenance will make facility
rounds to audit for compliance for 3 months and
report results of audits to the executive director.

4. How the corrective action(s) will be monitored to
ensure the deficient practice will not recur, i.e., what
quality assurance program will be put in place:

a. The executive director and the director of
maintenance will present the results of the audits
to the Performance Improvement Committee
monthly.
b. If it is deemed necessary by the committee,
additional education may be provided, the
process evaluated/revised, and/or the audits
reviewed for 3 months or until 100% compliance
is achieved.
c. The Performance Improvement Committee
consists of the executive director, the director of
nursing, the medical director, the director of
nursing, health information management
director, director of maintenance, director of
environmental services, the activities director,
the social services director, the admissions
director, and the pharmacy consultant.