Division of Health Care Facilities

Statement of Deficiencies and Plan of Correction

(X1) Provider/Supplier/CLIA Identification Number: TH2303

(X2) Multiple Construction
A. Building 77 - Licensure
B. Wing

(X3) Date Survey Completed: 11/27/2012

Name of Provider or Supplier: Highlands of Dyersburg Health & Reh.
Street Address, City, State, Zip Code: 360 East Tickle Street, Dyersburg, TN 38024

(X4) ID Prefix Tag: N 848

Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)

N 848 1200-8-6-06 (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 observations, it was determined the facility failed to maintain a negative air pressure in all toilet rooms, janitor's closets, and shower rooms.

The findings included:
Observations during the initial tour on 11/27/12 beginning at 6:38 AM revealed exhaust fans failed to operate in the following areas:
  a. Dietary janitor's closet.
  b. Janitor's closet beside north nurses' station.
  c. North west shower room.
  d. Room 203 and 205 toilet rooms.
  e. West nurses' station toilet room.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 11/27/12.

Provider's Plan of Correction (Each Corrective Action Should Be Cross Referenced to the Appropriate Deficiency)

N 848

1) The exhaust fans in the dietary janitor's closet, janitor's closet beside north nurses station and the North West nurses station, Northwest shower room, Rms 203 and 205 toilet rooms and the west nurse's station toilet room have been repaired.

2) The maintenance man and Administrator reviewed the exhaust fans throughout the building making sure that they worked.

3) Maintenance Dept will monitor weekly until completion of remodeling and then monthly.

4) Administrator will review weekly inspection reports and randomly check the exhaust fans throughout the facility. The results will be reported to the QA committee monthly until three months after completion of remodeling and then on a schedule set forth by the QA committee.

Completed 12-6-12

E. Myatt 12-23-12

Title

Laboratory Director's or Provider/Supplier Representative's Signature

State Form 007021

If continuation sheet 1 of 1