<table>
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<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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<tbody>
<tr>
<td>N831</td>
<td>1200-8-6-.08</td>
<td>(1) Building Standards</td>
<td>(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.</td>
<td>N831 1200-8-6-.08 (1) BUILDING STANDARDS</td>
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**Requirements:**

The facility will maintain wall and receptacle covers in facility.

**Corrective Action:**

1. (a) On 07/22/2013 Maintenance Director replaced the missing and damaged receptacles in room 217
2. (b) On 07/22/2013 the Maintenance Director repaired the hole in the wall in room 216. (c) On 07/23/2013 the Maintenance Director replaced a damaged receptacle and finished and painted the wall in room 212 (d). On 7/23/13 the Maintenance Director repaired the hole in the outside wall under the 3 compartment sink.
3. On 07/25/2013 the Maintenance Director conducted facility rounds to ensure that no receptacles or unfinished walls were found throughout the facility.
4. On 07/31/2013 the Administrator in serviced Maintenance Director concerning repair of damaged or missing receptacles and unfinished walls.
Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2704

(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY COMPLETED 07/22/2013

NAME OF PROVIDER OR SUPPLIER HUMBOLDT HEALTHCARE REHAB CENTER, II

STREET ADDRESS, CITY, STATE, ZIP CODE 2031 AVONDALE RD PBOX 446 HUMBOLDT, TN 38343

(X4) ID PREFIX TAG

N 831

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

N 831

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

(X5) COMPLETE DATE

N831 CONTINUED

1. Observations of resident room 217 on 7/22/13 at 10:00 AM, revealed a damaged receptacle cover behind bed number 2 and a missing receptacle cover between the two wardrobes.

2. Observations of resident room 216 on 7/22/13 at 10:10 AM, revealed a hole in the wall behind bed number 2.

3. Observations of resident room 212 on 7/22/13 at 10:30 AM, revealed a damaged receptacle cover behind bed number 2; and two areas on the wall behind the beds that had been patched but had not been finished or painted.

4. Observations of the kitchen on 7/22/13 at 1:25 PM, revealed a hole in the outside wall under the 3 compartment sink.

These findings were verified by the maintenance supervisor and acknowledge by the administrator during the exit conference on 7/22/13.
**N1410** Continued From page 1

**N1410** 1200-8-6.14(2)(a)5.(ii) Disaster Preparedness

(2) Physical Facility and Community Emergency Plans.

(a) Physical Facility (Internal Situations).

5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.

(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:

(I) Staff duties by department and job assignment; and,

(II) Evacuation procedures.

This Rule is not met as evidenced by:

Based on document review, it was determined the facility failed to conduct disaster drills for all staff.

The findings included:

During the document review in the conference room on 7/22/13 beginning at 11:00 AM, the facility failed to provide documentation that an earthquake and flood drill had been conducted for all staff.

This finding was verified and acknowledged by:

**N1410**

1200-8-6.14(2)(a)5.(ii)

**DISASTER PREPAREDNESS**

Requirement:

The facility will conduct disaster drills for all staff.

Corrective Action:

1. (a) On 07/29/2013 the Administrator and Maintenance Director conducted an Earthquake Drill with staff. (b) On 07/30/2013 the Administrator and Maintenance Director conducted a Flood Drill with staff.

2. On 07/31/2013 the Administrator and Maintenance Director conducted staff interviews to ensure that staff was knowledgeable of disaster procedures.

3. (a) On 08/05/2013 the Administrator conducted an in service with staff regarding disaster preparedness. (b) On 8/5/2013 the Administrator conducted inservice with the Maintenance Director regarding conducting of disaster drills yearly as listed in the Disaster Preparedness Plan.
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<td>Continued From page 2</td>
<td>N1410</td>
<td>the Administrator during the exit conference on 7/22/13.</td>
<td>N1410 CONTINUED</td>
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4. The Administrator and Maintenance Director will conduct drills as specified in the rule and will report findings to the Quarterly QA Committee quarterly.

Completion Date: 08/07/2013