STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
JEFFERSON COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
914 INDUSTRIAL PARK RD
DANDRIDGE, TN 37725

ID PREFIX TAG
N 848

SUMMARY STATEMENT OF DEFICIENCIES
(Each deficiency must be preceded by full regulatory or LSC identifying information)

ID PREFIX TAG
N 848

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

COMPLETE DAYS
08/23/2013

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 interview and testing, the facility failed to maintain the exhaust system.

The findings include:

Interview with the maintenance director and testing on July 14, 2013 at 11:45 a.m. revealed that the exhaust system for the entire Unit 2/South Hall was not working.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference.

The exhaust system for Unit 2/South Hall will be repaired and in proper working order.

All other exhaust systems in the main building will be evaluated to determine working status.

Exhaust systems will be inspected by the Maintenance Department on a routine basis. This requirement and corrective action will be discussed in the facility’s Quality Assurance Performance Improvement meeting which will be held on Friday, July 26, 2013.

Compliance with stated inspections will be made by the facility Administrator.