N831 1200-8-08 (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.

The facility will maintain the condition of the building.
1. Hole in wall in therapy room was repaired and replace fixture and cover.
2. Extension cord in room 105 was removed.
3. Unit set on a low temperature caused unit to freeze then melt. Unit temperature reset.
4. Stained ceiling tile on secure unit in front of dining room was replaced.
5. Ceiling light fixture in room 132 was replaced.
6. Emergency water supply was relocated to the Dietary supply room.
the rubber roof had cracks around the unit due to age and weather. The unit needs to be reinforced to stop the leaks. I change the ceiling tiles out every 2 weeks."

5. Observations of resident room toilet in 132 on 9/3/13 at 10:40 AM, revealed the ceiling light fixture was missing.

6. Observations of the emergency water supply room in the tunnel on 9/3/13 at 11:35 AM, revealed the light fixture would not work and the room was littered with boxes of kitchen supplies, a tabletop mixer sitting on the floor, 2 one gallon cans of paint and personal hygiene items laying on the floor.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 9/3/13.

1200-8-6-14(2)(a)(1). Disaster Preparedness

(2) Physical Facility and Community Emergency Plans.

(a) Physical Facility (Internal Situations).

1. Every nursing home shall have a current Internal emergency plan, or plans, that provides for fires, bomb threats, severe weather, utility service failures, plus any local high risk situations such as floods, earthquakes, toxic fumes and chemical spills. The plan should consider the probability of the types of disasters which might occur, both natural and "man-made".

The facility will have a current Emergency Disaster Plan.

1. Staff will be in-serviced on disaster preparedness.
2. Set up a calendar to ensure yearly review and staff participation.
3. Inservice Maintenance supervisor to ensure facility compliance.
4. Administrator will monitor monthly any issues will be addressed at time of discovery and reported to the QAPI committee.
**Continuous from page 2**

This Rule is not met as evidenced by:

Based on document review, it was determined the facility failed to provide current internal emergency plans for staff in the event of an internal emergency that provides for the protection of all residents.

The findings included:

Document review on 9/3/13 at 1:30 PM, the facility failed to provide documentation of a current emergency disaster plan. The facility provided a disaster plan dated 12/15/10. The plan had been marked up with lines drawn through statements and notes written in the margins.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 9/3/13.

1200-4-6-14(2)(a)(2) Disaster Preparedness

(2) Physical Facility and Community Emergency Plans.

(a) Physical Facility (Internet 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.

(3) External disaster procedures plan (for
<table>
<thead>
<tr>
<th>ID</th>
<th>PREPEND TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREPEND TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N4110</td>
<td>Continued from page 3</td>
<td>tornado, flood, earthquake, to be exercised prior to March, shall include:</td>
<td>N4110</td>
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<td></td>
<td>(i) Staff duties by department and job assignment and;</td>
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<td>(ii) Evacuation procedures.</td>
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<td>This rule is not met as evidenced by:</td>
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<td></td>
<td>Tennessee Department of Health Standards for Nursing Homes</td>
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<td>1280-3-09-06-14</td>
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<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</td>
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<td>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</td>
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<td>This rule is not met as evidenced by:</td>
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<tr>
<td></td>
<td>Based on document review, it was determined the facility failed to conduct disaster drills for all staff.</td>
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<td></td>
<td>The findings included:</td>
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</tbody>
</table>

The facility will have and provide documentation of a tornado, flood, bomb threat, or earthquake drills conducted for all staff on their shift.

1. Inservice and documentation of drills.
2. A calendar to identify the dates
3. Maintenance will present education for the staff yearly.
4. Administrator will monitor monthly any issues will be addressed at the time of discovery and report to the QAPI committee.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1410</td>
<td>N1410</td>
<td>The facility will participate in county wide disaster drills with the local emergency management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Maintenance supervisor will contact Emergency Management for information on disaster drills.</td>
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<td>2. The date of the county wide drill will be placed on the calendar.</td>
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<td>3. Staff will be inserviced on drill and what to expect as a participant.</td>
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<td>4. Facility will document participation in county wide disaster drill.</td>
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</table>

**N1410** Continued From page 4

Document review on 9/3/13 at 1:30 PM, the facility failed to provide documentation of a tornado, earthquake, flood or bomb threat drill conducted for all staff on their shift.

This finding was verified by the maintenance supervisor and acknowledged by the Administrator during the exit conference on 9/3/13.

**N1418** 1200-8-6-14(2)(c). Disaster Preparedness


1. All nursing homes shall establish and maintain communications with the county Emergency Management Agency. This includes the provision of the information and procedures that are needed for the local comprehensive emergency plan. The facility shall cooperate, to the extent possible, in area disaster drills and local emergency situations.

*This rule is met as evidenced by:
Based on document review, it was determined the facility failed to participate in county wide emergency disaster response plans.

The findings included:
Document review on 9/3/13 at 1:30 PM, the...*
### Division of Health Care Facilities

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>N1418</td>
<td>Continued From page 5</td>
<td>Facility failed to provide documentation of participation in county wide disaster drills with the local emergency management. This finding was verified by the maintenance supervisor and acknowledged by the Administrator during the exit conference on 9/3/13.</td>
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</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

LAUDERDALE COMM LIVING CTR

**STREET ADDRESS, CITY, STATE, ZIP CODE**

215 LACKEY LANE
RIPLEY, TN 38063

**ID**

TN4901

**MULTIPLE CONSTRUCTION**

A. BUILDING: 01 - MAIN BUILDING 01
B. WING

**DATE SURVEY COMPLETED**

09/04/2013