<table>
<thead>
<tr>
<th>ID TAG</th>
<th>PRECEDING REGULATORY OR LEG IDENTIFYING INFO</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>F 465</td>
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<td>F 465</td>
<td>It is the facility practice to assure safe, functional, sanitary, and comfortable environment for residents, staff and the public. Patient rooms #206, #212, #215, #223, #226, #227, #230, #316, #339, #107, #116, #119, #124, #126, and #128 has had material ordered to install on door facings to ensure all is in good working order. Installation will occur on or before January 20, 2013. The door jams will be sanded down and painted. In addition, the facility has assessed the entire structure to ensure all doors are in good standards and working properly. This was accomplished on December 12, 2012.</td>
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**Summary of Deficiencies**

- **F 465 (489.70(h))**
  - The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.
  - This REQUIREMENT is not met as evidenced by:
    - Based on observation, and interview, the facility failed to maintain a safe environment in fifteen of ninety resident rooms.
    - The findings included:
      - Observation on December 5, 2012, at 10:55 a.m., revealed resident rooms #206, #212, #215, #223, #226, #227, #230, #316, and #339 with torn and loose hard plastic covering on the door facing.
      - Observation on December 5, 2012, at 12:05 a.m., revealed resident rooms #107, #116, #119, #124, #126, and #128 with torn and loose hard plastic covering on the door facing.
      - Interview on December 5, 2012, at 12:15 p.m., with the Maintenance Supervisor, in the hall, confirmed the hard plastic covering on the door facing of the resident rooms were in need of repair.

**Observation**

- c/o #29488

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patient. (See Instructions.) Except for nursing homes, the findings stated above are disallowable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disallowable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
**Initial Comments**

During complaint investigation #29488, Kindred Nursing and Rehabilitation-Loudon, was found to be in compliance with 1200-8-6, Standards for Nursing Homes.

Weekly rounds will be done by maintenance staff to ensure the facility is meeting the standard for Health Care Facilities. In-service with the maintenance department and housekeeping department was done on December 12, 2012 by the Executive Director to train on the standard. As part of the preventative maintenance program, findings will be brought to the PI committee (Adm., DNS, ADNS, SS, Maint., RD, Act, MD) monthly to ensure all standards are being met.

January 20, 2013