Division of Health Care Facilities

TENNESSEE VETERANS HOME

1200-8-8-08(2) Building Standards

(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.

This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical environment. Tennessee Department of Health (TDCH) 1200-8-8-08(2)

The findings include:

1. Observations on 9/27/10, at 7:25 p.m., revealed the ceiling tiles were water stained in the following areas:
   b. North dining room.
   c. East corridor next to room E20.

2. Observation on 9/27/10, at 7:27 p.m., revealed damaged (bowing) ceiling tile grids located in the following areas:
   a. Above resident's E2 room door.
   b. East 3 corridor's janitor closet.

3. Observation on 9/27/10, at 7:49 p.m., revealed the door located between the laundry dirty side and the washers room was sticking to the door frame.

2. The facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential of being affected by this practice.

3. Measures will be put into place and systematic changes will be made to ensure the deficient practice will not recur. Staff receive demonstration and instruction on confirmation of problem checks and shut down procedures on 9/28/2010. A drill was conducted to reinforce the procedures. During monthly fire drills, charge nurses on duty will be required to perform fire safety procedures taking appropriate actions when an alarm is heard and conduct the shut down/reset procedure once an "all clear" has been announced.

4. Corrective actions will be monitored to ensure the deficient practice will not recur. Safety Director will evaluate and monitor procedures monthly for a period of 4 months. Findings will be reported to Quality assurance committee. Action will be taken for any areas of noncompliance.

N832 Building Standards

1. Corrective action(s) will be accomplished for those residents found to have been affected. On 9/30/2010, all identified ceiling tiles were removed and replaced. On 9/29/2010, laundry door and frame was repaired and door hinge screws were replaced. On 9/22/2010 Room W10, the hole behind the door was repaired, patched, and repainted.

Bridgette Hornbeck

Administrative

10/15/10

OCT 18 2010
4. Observation of resident's room W14 on 9/27/10, at 8:22 p.m., revealed the wall located behind the room door was damaged.

These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 9/27/10.

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)</th>
<th>COMPLETE DATE</th>
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| N 832 | Continued From page 1  
4. Observation of resident's room W14 on 9/27/10, at 8:22 p.m., revealed the wall located behind the room door was damaged. These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 9/27/10. | N 832 | 2. The facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by this practice.  
3. Measures will be put into place and systematic changes will be made to ensure the deficient practice will not recur. All ceiling tiles will be visually inspected daily by both housekeeping and maintenance staff. Replacement tiles will be readily available as stained tiles are identified. All fire doors, such as the laundry door, will be inspected monthly for condition and proper operation and any issues identified will be corrected immediately. All rooms are inspected daily. All staff was interviewed the week of 10/11 to report any and all damage to the maintenance log book where all repairs are corrected timely.  
4. Corrective actions will be monitored to ensure the deficient practice will not recur. Maintenance will track and trend maintenance log books and audits weekly for 4 weeks and then monthly for 3 months and report the findings to the Quality Assurance Committee. Action will be taken for any area of noncompliance. |