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<tbody>
<tr>
<td>N1410</td>
<td>1200-8-6-14(2)(a)5.(i) Disaster Preparedness (2) Physical Facility and Community Emergency Plans.</td>
<td>N1410</td>
<td>N1410 DISASTER PREPAREDNESS 1. On 11/5/12, upon being notified that the facility did not have a flood or an earthquake drill the Safety Officer and Administrator arranged for drills to be conducted on 11/27/12 &amp; 11/28/12, with facility staff participating.</td>
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<td></td>
<td>(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.</td>
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<td>(l) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</td>
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<td>(l) Staff duties by department and job assignment; and;</td>
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<td></td>
<td>(ll) Evacuation procedures. This Rule is not met as evidenced by: Based on records review, it was determined the facility failed to conduct the required disaster drills.</td>
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<td></td>
<td>The finding included: Records review on 11/5/12 at 12:05 PM revealed there was no documentation of the required annual flood and earthquake drills.</td>
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<td></td>
<td>This finding was acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12.</td>
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**QUALITY CARE HEALTH CENTER**

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<tr>
<td></td>
<td><em>N1410</em> of the QA/QI Committee will report to the Governing Body following the quarterly QA/QI meeting.</td>
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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 discloseable 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 discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
N1411 Continued From page 1
N1411

1200-8-6-.14(2)(e)5.(iii) 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.

(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:

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

(ii) Search team, searching the premises.

This Rule is not met as evidenced by:
Based on records review, it was determined the facility failed to conduct the required disaster drills.

The finding included:

Records review on 11/5/12 at 12:05 PM revealed that the facility failed to conduct the required annual bomb threat procedure plan drill.

This finding was acknowledged by the maintenance staff and the facility administrator.

N1411

N1411

N1411 DISASTER PREPAREDNESS

1. On 11/5/12, upon being notified that the facility did not have a bomb drill, the safety officer and administrator arranged for a drill to be conducted on 11/20/12, with facility staff participating.

2. On 11/20/12, the facility the safety officer and administrator conducted a Bomb drill with all staff working on those days. The evaluation of the drills was summarized and provided to the Administrator for review (see attached).

Any staff not participating in the bomb drill on the above date will not be allowed to work until they have attended a review of the policies and procedures for flood and earthquake drills.

3. The Safety Officer and Administrator will ensure that annual bomb drills are conducted by March, 2013.

4. The facility Administrator will report to the QA/PI Committee on the results of the Bomb drill at the next QAPI meeting. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the
**Continued from page 2**

during the exit interview on 11/5/12.

**1200-B-6-.14(2)(a)6. Disaster Preparedness**

(2) Physical Facility and Community Emergency Plans.

(a) Physical Facility (Internal Situations).

6. The nursing home shall develop and periodically review with all employees a prearranged plan for the orderly evacuation of all residents in case of a fire, internal disaster or other emergency. The plan of evacuation shall be posted throughout the home. Fire drills shall be held at least quarterly for each work shift for nursing home personnel in each separate patient-occupied nursing home building. There shall be a written report documenting the evaluation of each drill and the action recommended or taken for any deficiencies found. Records which document and evaluate these drills must be maintained for at least three (3) years.

This Rule is not met as evidenced by:

Based on observation and records review, it was determined the facility failed to properly label the posted evacuation plans and document fire drills.

The findings included:

1. Observation on 11/5/12 at 11:20 AM revealed the posted evacuation maps did not have a “You Are Here” designation.

2. Records review on 11/5/12 at 12:05 PM revealed the facility did not have a written report documenting the evaluation of each drill and the action recommended or taken for any
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<td>N1412</td>
<td>Continued From page 3 deficiencies found. This finding was acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12.</td>
<td>N1412</td>
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| N1416        | 1200-8-6-14(2)(b)4. Disaster Preparedness  
(2) Physical Facility and Community Emergency Plans.  
(b) Community Emergency (Mass Casualty).  
4. At least one drill shall be conducted each year for the purpose of educating staff, resource determination, and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.  
This Rule is not met as evidenced by: Based on records review, it was determined the facility failed to conduct the required disaster drills. The finding included:  
Record review on 11/5/12 at 12:05 PM revealed the facility failed to conduct the required annual Community Emergency (Mass Casualty) drill. This finding was acknowledged by the maintenance staff and the facility administrator during the exit interview on 11/5/12. | N1416        |                                                                                                  | 11/24/12          |

**N1416 DISASTER PREPAREDNESS**  
1. On 08/2/12 the facility completed the Wilson County Emergency Management Agency, Emergency Contacts and Information form (see attached form)  
2. On 11/20/12 the facility Administrator sent a letter to the Wilson County Emergency Management Agency (see attached letter) stating the facility is willing to participate in the next Community Emergency (Mass Casualty) Drill.  
3. The administrator will attempt to have the facility participate in the next Community Emergency (Mass-Casuality) Drill.  
4. The facility Administrator will report to the QA/PI Committee on the progress of participating in the next Community Emergency (Mass Causality) Drill at the next QAPI meeting. The next quarterly QAPI Committee meeting is scheduled for December 13, 2012. The Chairman of the QA/PI Committee will report to the Governing Body following the quarterly QAPI meeting.
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