DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

15th 5/30/15

PRINTED: 04/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445303	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/13/2015

NAME OF PROVIDER OR SUPPLIER
NORRIS HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3382 ANDERSONVILLE HIGHWAY
ANDERSONVILLE, TN 37705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to install fire dampers in all 1 hour fire rated assemblies. The findings include: 1. Observation and interview with the maintenance director on 4/13/15 at 10:15 AM revealed a return air register was added in the server room and was not provided with a fire damper. 2. Observation on 4/13/15 at 10:45 AM revealed a supply register in the pantry room by the main nursing station is not provided with a fire damper. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 4/13/15. NFPA 90A 3-4.4	K 067	K067 The two referenced dampers will be installed Audit was done on on the entire building and by the maintenance director and no further needs were found. Completion date is May 15,2015 Maintenance director will audit monthly for changes and follow up with any future HVAC work for like circumstances Audit findings will be reported during the QAPI meetings,	5/15/15
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to have	K 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa Sweet RN DON
TITLE: Director of Nursing
(X6) DATE

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 patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosable 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.

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K 130	Continued From page 1 correct delayed egress signage. The findings include: Observation on 4/13/15 at 10:15 AM revealed 8 of 9 delayed egress doors did not have delayed egress signage lettering on a contrasting background. The signage is placed on glass exit doors with the lettering being on a clear adhesive and not contrasting. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference. NFPA 101 7.2.1.6.1	K 130	K130 All egress doors were audited and proper signage has been applied in contrasting views. This was completed on 4/21/2015 Egress doors will be monitored by the maintenance director monthly for compliance and report finding to the QAPI	5/15/15