

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

FORM APPROVED  
OMB NO. 0938-0391

45th 9/27/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  08/11/2013
NAME OF PROVIDER OR SUPPLIER  BLOUNT MEMORIAL TRANS CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2320 EAST LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	
(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 051 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by. Based on observation, the facility failed to assure smoke detectors were located at least 3 feet from air flow.</p> <p>The findings include:</p> <p>Observation on August 11, 2013 at 12:00 p.m. revealed smoke detectors in the corridor by room 119, storage closet ground floor West wing, and storage closet main level West Wing.</p>	K 051	<p>K 051 One smoke detector was located in the corridor near an exit door. The vent in this location only provides heat in the winter and rarely runs. This detector was relocated to be more than 3 feet from the heating supply vent on 8/13/13. We evaluated the remaining corridor smoke detectors and there were no other cases where any were closer than 3 feet from air flow. Two smoke detectors were located in two different storage closets. These closets are the same size and both are too small to be able to have a smoke detector more than 3 feet away from the exhaust (there is no supply in the closets). We relocated the two smoke detectors as far as allowed from the exhaust without violating the other requirement to not be too close to a wall. This work was completed on 8/13/13. We evaluated the other closet smoke detectors and there were no other cases where any were closer than 3 feet from air flow. Pictures of completed work emailed to Dustin Phillips, State Certified Fire Inspector.</p>	8/13/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carrie M. Adams TITLE: Administrator (X6) DATE: 8/27/13

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 051	Continued From page 1	K 051			
K 077 SS=D	<p>These findings were verified by the Life Safety Supervisor and acknowledged by the Administrator during the exit conference on August 11, 2013.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Piped in medical gas systems comply with NFPA 99, Chapter 4.</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to install electrical devices properly in oxygen storage locations.</p> <p>The findings include:</p> <p>Observation and record review on August 11, 2013 at 1:30 p.m. revealed the oxygen storage room for portable oxygen and piped in oxygen has an electrical outlet and a light switch below 5 feet off the floor.</p> <p>This finding was verified by the Life Safety Supervisor and acknowledged by the Administrator during the exit conference on August 11, 2013.</p>	K 077	<p>K 077- The light switch was mounted at 48" AFF and had a switch guard to protect it from damage. We raised the switch to 60" AFF on 8/13/13.</p> <p>The receptacle was mounted a few inches below 60" AFF. We raised the receptacle to 60" AFF on 8/13/13.</p> <p>These were the only switches or receptacles in the oxygen storage room.</p> <p>Pictures of completed work emailed to Dustin Phillips, State Certified Fire Inspector.</p>	8/13/13	