

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

PRINTED: 10/28/2014
FORM APPROVED
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 443404	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2014
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 000	INITIAL COMMENTS Stories: 2 Construction Type: II (111) Constructed: approx. 2001 Fully Sprinkled: Yes Census: 69 Certified beds: 76 A Life Safety Code Comparative Federal Monitoring Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 10/21/2014 following a Tennessee Department of Health & Environment survey on 09/23/2014. At this Comparative Federal Monitoring Survey, Blount Memorial Transitional Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2000 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The closer for the clean linen room door was installed and tested on October 28, 2014. It is functional at this time. The Senior Director of Support Services verified that all fire rated doors in the facility automatically close and latch on October 29, 2014. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents were identified as having the potential to be affected. The closer for the clean linen room door was installed and tested on October 28, 2014. It is functional at this time. The Senior Director of Support Services verified that all fire rated doors in the facility automatically close and latch on October 29, 2014.	Nov 5, 2014
K 029 SS=0	NFFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; A new policy was written specifically for the approval of the modification of fire rated doors. (cont next page)	

POC ACCEPTED
 OCT 29 2014


LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carrie P. Adams

TITLE

Administrator

(X6) DATE

10/29/14

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 029	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to protect hazardous areas. Findings include: On 10/21/14 at 2:40 pm, the door to the ground floor clear linen room was not self-closing or automatic closing because the closer arm was removed. The room is 10' x12'. Doors to combustible storage rooms over 50 sf shall be self-closing or automatic closing. Linens are combustible. Ref:2000 NFPA 101 Section 19.3.2.1 The Senior Director of Support Services was present when the deficiency was identified. Failure to maintain hazardous areas as required increases the risk of death or injury due to smoke/fire. The deficiency affected 1 of 6 smoke compartments on the ground floor.	K 029	The policy was approved on October 29, 2014. The Senior Director of Support Services will educate all maintenance staff on this policy, specifically, that if there is a request to remove a door closer at the Transitional Care Center that Facilities leadership (Senior Director of Support Services, Manager of Facilities Maintenance, Supervisor of Plant Operations, or Supervisor of Facilities Maintenance) will review the firewall drawings to ensure that the request is acceptable before Facilities leadership (Senior Director of Support Services, Manager of Facilities Maintenance, Supervisor of Plant Operations, or Supervisor of Facilities Maintenance) will authorize the removal. This education will be completed and documented by November 5, 2014. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place. Environment of Care rounds are performed annually at the Transitional Care Center. These are coordinated by the Director of Safety. The checklist has been modified to include checking all fire rated doors to ensure that they automatically close and latch. The Senior Director of Support Services verified that all fire rated doors in the facility automatically close and latch on October 29, 2014. The next annual EOC check at the facility is scheduled for November 5, 2014. ■		