

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

PRINTED: 12/15/2014
FORM APPROVED
OMB NO. 0938-0391

45th 1/24/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER BEECH TREE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762
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(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
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K 062 NFPA 101 LIFE SAFETY CODE STANDARD SS=F
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

K 062

K-062
(1) No residents are or were affected by this maintenance requirement oversight.
(2) The Maintenance Director contacted Knoxville Fire Sprinkler Service the first day of the survey to ask them to come to the facility to correct this sprinkler head maintenance concern. A representative of Knoxville Fire Sprinkler Service arrived on Monday morning, December 15, 2014. Four (4) dry pendant sprinkler heads were removed and sent to Universal laboratories for testing. Knoxville fire Sprinkler Service asked that this testing process be placed on a fast track. Also on December 15, 2014, Knoxville Sprinkler

Jan. 24, 2015

Please see continuation of K-062 on next page

This STANDARD is not met as evidenced by:
Based on interview and record review, it was determined the facility failed to have the 10-year dry sprinkler testing/replacement performed in accordance with NFPA 25, Table 5.1.
The findings include:
Record review and interview with the maintenance director on December 8, 2014 at 10:45 p.m confirmed no 10-year dry sprinkler testing/replacement was performed. The maintenance director stated he was not aware of this requirement.
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 8, 2014.

K 076 NFPA 101 LIFE SAFETY CODE STANDARD SS=F
Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

K 076 K-076

(1) No residents are or were affected by the oversight to cover the stored oxygen containers.

Jan. 24, 2015

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Please see Continuation of K-076 on next page.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>E. Andrew Hines</i>	TITLE <i>Administrator</i>	(X6) DATE 12/24/14
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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 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.

DEC 26 2014

Continuation of K-062

System Service replaced the removed sprinkler heads with four new sprinkler heads that will function well until four (4) new dry pendant heads arrive and will be replaced immediately upon receipt by the Sprinkler Service. Per telephone conversation today, December 22, 2014, a representative of Universal Laboratories has confirmed to Knoxville Fire Sprinkler Service receipt of the sprinkler heads and stated testing should be complete and returned to them by January 12, 2015. Immediate correction will follow the return of those testing results if deemed necessary.

- (3) The Director of Maintenance along with the Knoxville Fire Sprinkler System have designed a reminder calendar for the ten year increments in which those dry pendant sprinkler heads should be tested as part of a maintenance protocol as per NFPA guidance.
- (4) Administrator also has a copy of that reminder calendar visibly displayed on the computer desk in her office as a reminder to this fire sprinkler system maintenance per NFPA guidance.

Projected date of completion:
January 24, 2015.

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K 076 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined outdoor medical gas supply locations were not provided with coverings over cylinders to prevent the accumulation of ice or snow. (NFPA 99, 4.3.5.2.2.(b) (3))
The findings include:
Observation with the Maintenance Director on December 8, 2014 at 2:00 p.m. confirmed Oxygen bottles were stored in an outside fenced in area which was not covered to prevent the accumulation of ice or snow.
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 8, 2014.

K 076

- (2) On Monday, December 8, 2014, the first day of our survey, the Director of Purchasing and procurement ordered an aluminum non-combustible awning from General Awnings, LLC. The awning was delivered to the facility and installed per manufacturer's specifications on Monday, December 22, 2104.
- (3) Any oxygen storage area outside of an enclosed building will be secured and stored underneath a non-combustible awning or covering.

Please see continuation of K-076 on next page.

Jan. 24, 2015

K 130 SS=E NFPA 101 MISCELLANEOUS
OTHER LSC DEFICIENCY NOT ON 2786

K 130 K-130

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to maintain fire doors. (NFPA 101, 8.3.3.1, Table 8.3.4.2, NFPA 80 5.2.4.2, 4.8.4.1)
The findings include:
Observation and interview with the Maintenance Director, on December 8, 2014 Between 12:05 pm and 1:30 pm confirmed the following fire door deficiencies:
1) The fire door from the "Gem City unit" (300

- (1) No residents are or were affected by the fire door pair on 300 hall undercut exceeding 3/4 inch and the bottom rod not latching in the floor receiver, or the fire door pair on 200 hall bottom rod not latching in the floor receiver.
- (2) Representative Roger Whitaker of Wm. S. Trimble Company, Inc. came to the facility on Friday, December

Continuation of K-076

- (4) The Maintenance Director will visually inspect the oxygen storage area on a weekly basis to assure oxygen is secure and underneath the non-combustible awning. Should there be any variance, same will be documented with immediate corrective action, signed, and dated by the Maintenance Director.

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K 130	Continued From page 2 hall) had an undercut exceeding 3/4" and the bottom rod failed to latch in the floor receiver. 2) The fire door pair at the 200 hall had bottom rods that failed to latch. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 8, 2014.	K 130	12, 2014 to check the type of latching hardware that was on both pairs of fire doors, one to 300 hall and one to 200 hall. Mr. Whitaker has ordered new "latching" hardware for both sets of fire doors. Expected date of delivery to be the week of January 5, 2015. Latching hardware will be installed by the Wm. S. Trimble Door Company. In order to correct the undercut for the pair of fire doors at 300 hall, the VCT tile will be removed, the floor will be leveled with new tile installed to accommodate no more than a 3/4 inch undercut. New VCT tile has been ordered and should arrive at the facility by the end of Christmas week; floor leveling should be complete and new tile placed shortly thereafter. (3) On a quarterly basis, Maintenance Director conducts a visual check to assure the undercut on both sets of fire doors do not exceed the 3/4 inch as directed in NFPA 80 5.2.4.2, 4.8.4.1 and NFPA 101, 8.3.3.1, Table 8.3.4.2. At this same quarterly check, the Maintenance	
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Please see continuation of K-130 on next page

Continuation of K-130

Director checks the magnetic releases of the fire doors as well as checking for positive latches of both sets of fire doors. These monitors are documented and signed by the Maintenance Director.

- (4) Twice per year, the Administrator will accompany the Maintenance Director when he conducts the visual inspections of the two sets of fire doors and initial to indicate that the fire doors met the NFPA guidelines as it relates to the degree of undercut and that the latching mechanisms do, in fact, latch into the floor receiver.

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January 24, 2015.