

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

4562 3/12/16

PRINTED: 01/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

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  01/26/2016
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NAME OF PROVIDER OR SUPPLIER  BEECH TREE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOŠPITAL LANE, PO BOX 300 JELLYCO, 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 018 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain doors protecting corridor openings.</p> <p>The findings include:</p> <p>Observation on 1/26/16 at 11:25 AM revealed the door to the nursing toilet on the 200 and 300 unit has more than 1 releasing motion to open the door. Each door is provided with a deadbolt that is independent of the door knob.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 1/26/16.</p>	K 018	<p><b>Disclaimer Statement:</b> Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of both Federal and State Laws.</p> <p>K018</p> <ol style="list-style-type: none"> <li>1. As the restroom in question was for nursing staff only, no residents were affected by this practice. The double locking mechanism has been removed and there is now only one lock on the nursing toilet doors in the facility.</li> <li>2. No residents were ever at risk from this practice, only nursing staff. The double locking mechanism has been removed and there is now only one lock on the nursing toilet doors in the facility.</li> <li>3. The facility Maintenance Director will continue to monitor all facility public and employee restrooms to ensure they are in compliance with this regulation.</li> <li>4. Results will be reviewed in the monthly Quality Assurance Performance Improvement Meeting (QAPI).</li> </ol>	2-11-16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Charles W. Wheeler, MHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>2-15-16</i>
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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.

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K 018	Continued From page 1	K 018		
K 069 SS=D	<p>NFPA 101 7.2.1.5.4*</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on record review, the facility failed to maintain the ANSUL suppression system for the kitchen hood and appliances.</p> <p>The findings include:</p> <p>Record review on 1/26/16 at 10:30 AM revealed the wet chemical container for the ANSUL suppression system is past due for its 12 year hydrostatic test. The wet chemical container has a manufacturer date of 2003.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 1/26/16. NFPA 17A 5-5*</p>	K 069	<p>K069</p> <ol style="list-style-type: none"> <li>1. As the ANSUL suppression system is located inside the dietary kitchen, no residents were directly affected by the deficient practice.</li> <li>2. All residents were at potential risk from the deficient practice. Campbell County Fire Equipment completed the hydrostatic test of the wet chemical container of the ANSUL suppression system on 2/6/16.</li> <li>3. The facility Maintenance Director and Administrator have flagged their records to ensure that in the future this test is completed in compliance with the NFPA 101 Life Safety Code. The next test will be due within twelve (12) years of 2/6/16 or 2/6/28.</li> <li>4. Required future testing dates will be closely monitored in the monthly meeting of the Quality Assurance Performance Improvement Committee.</li> </ol>	2-6-16