

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

PRINTED: 09/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445463	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  08/25/2014
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NAME OF PROVIDER OR SUPPLIER  BELLS NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 213 HERNDON DRIVE BELLS, TN 38006
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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 050 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=F

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:  
Based on observation and interview, it was determined the facility failed to familiarize staff on fire drill procedures.

The findings included:

During a fire drill at resident room 229 on 8/25/14 at 2:02 PM, staff members failed to escort a visitor at the 200 wing nurses' station to a safe place of refuge.

During an interview at the 200 wing nurses' station, on 8/25/14 at 2:07 PM, the maintenance director revealed the facility's fire plan requires it's staff to escort all visitors to a safe place of refuge.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 8/25/14.

K 050

K050  
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

Finding :

This standard is not met as evidenced by:  
Based on observation and interview, it was determined the facility failed to familiarize staff on fire drill procedures.

Corrective Action:

During a fire drill at resident room 229 on 8-25-14 at 2:02 PM, staff members failed to escort a visitor at the 200 wing nurses' station to a safe refuge. The staff at the 200 wing nurses' station was in-serviced on how to handle a visitor in the facility that may wander in during a drill or actual fire. The staff was instructed to quickly move any visitor to a place of safe refuge. The in-service was done on 8-25-14 and will continue to be done by the Maintenance Supervisor on the scheduled basis and monitored for efficiency by the Administrator.

8/26/14

RECEIVED

SEP 03 2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Craig B. Laman</i>	TITLE Adm.	(X6) DATE 9-8-14
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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.